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Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine*

FEBRUARY, 1868.

Glandular Disease.—Acute Cancer.—Adenia.

By Dr. Wm. Carson, Physician to Good Samaritan Hospital, Cincinnati, Ohio.

Bridget Casey, aged 28, unmarried, admitted into the Hospital in the following condition. She was very pale, thin and feeble, and had the physiognomy of a protracted illness. Limbs wasted, breasts hard and disproportionately full, abdomen prominent and tolerably tense. Superficial, uneven and nodulated enlargements or tumors hard and painless, were to be felt everywhere over the surface of the abdomen, and were evidently enlarged lymphatics. They were more numerous above the pubis, between the breasts, and towards the axillæ. The mammary glands were also affected by the same deposit. Each nodule was readily defined, the skin was movable over it, and not discolored. During her early stay in the Hospital, and before the effusion into the abdomen became too large, uneven and hard masses were to be felt within the abdominal cavity. They were larger than those on the surface, and grew rapidly. The glands of the neck were also enlarged, but not to the same extent as in the other regions of which we have spoken.

Appetite poor, bowels regular, kidneys acting tolerably well, menstrual flow stopped several months before, pulse feeble but not frequent, no cough.

The history that she gave of herself was, that she had enjoyed ordinary health until about two months since, when she noticed some changes in her breasts, and the beginning of the small, tumor-like swellings over the lower chest and abdomen. Pains in the abdomen were occasionally felt, and the abdomen began to enlarge, both on account of the irregular and hard growths, and on account of some effusion. Her strength began to fail rapidly, and she had been confined to her bed two weeks before her admission into the Hospital. Notwithstanding the unusually rapid developement of her difficulties, we concluded that there was a scirrhous growth affecting nearly all of the organs of the body, and involving the external lymphatics generally. The liver was evidently affected. Which had the precedence in time, the internal or the external growths, it would be difficult to say, though the lymphatics usually follow in the course of degeneration instead of lead.

The treatment was determined by the two most obvious facts in the case: first, the general cachectic condition and the progressing disease in the abdomen, or rather the secondary effects of it, in producing dropsy. The prognosis was certainly fatal, and probably within a short period. Tonics of various kinds and diuretics were used without effect. Evidences of the implication of the thoracic organs began to appear, in cough with mucous expectoration, and some dullness in the percussion sound of the chest, in limited portions both anteriorly and posteriorly. There was no acute pain, and no great disturbance of the respiratory act. The heart acted feebly but regularly, and without abnormal sound.

She rapidly sank within three weeks from the time of her entrance into the Hospital. The duration of her case, counting from her date of the beginning of her troubles was about ten or twelve weeks.

The post mortem examination showed, beginning with the thorax—externally as we have before said—nodulated masses on the surface between the breasts, in the mammæ and in the axillæ, each distinct, and of sizes from an almond to a walnut, with the skin movable over them. The lymphatics of the neck were enlarged. In the cavity of the thorax there were nodules scattered over the costal and pulmonary pleura, of varying size, some quite large. In the parenchyma of the lung were the same, with more tendency to infiltration. The pericardium also had a few. There was slight effusion into the pleural cavities. The heart was healthy. In the abdominal cavity not a single organ escaped. The liver was particularly affected, and contained numerous irregular masses of the same hard, cartilaginous substance, both on its surfaces and in its substance. The spleen was less affected than the liver, and the stomach still

less. In the lumbar regions the masses were enormous. The uterus could scarcely be distinguished, and the pelvis was filled with the masses. The mesenteric glands were much enlarged, and the mesentery was almost a solid mass.

The morbid growths cut with a hard, gristly feel, with rather a dry surface, and had the physical and microscopical appearances of scirrhus. We regret to say we did not make a thorough examination of the enlarged lymphatics.

As a clinical study, the case is interesting in three points of view: first, its classification; second, the relation of its morbid anatomy and its symptoms and progress; third, its relation to certain cases of glandular disease, a few of which we will give presently.

The most obvious feature of her case was the universal and extraordinary enlargement of the external lymphatics. They were not of themselves decisive of the nature of the case. They differed, in some respects, from the usual characteristics of malignant disease. The tumors were distinct and movable, the skin free and not adherent, and not changed in color. The masses in the region of the liver, which at first were easily felt, and also those in other parts of the abdomen, indicated the serious implication of important organs, and gave such an irregular, hard, tuberous sensation, as to produce the conviction of the existence of malignant disease. The co-existence of such tumors, internally, with lymphatic enlargement externally, is relied on as an aid to diagnosis in obscure cases; yet we shall see that there can be such a coincidence without malignant complication. The origin and rapid progress of the case militated somewhat against the diagnosis of malignant disease, and assimilated it somewhat to the common features of adenia. The post mortem examination, however, fully confirmed the diagnosis of scirrhous disease.

A case quite similar in many respects is reported by Dr. Fraser, in the London Hospital Reports for 1866. Its duration was about two months. As in our case, scarcely an internal organ escaped, while there was also general lymphatic enlargement. "Microscope showed cell elements of rapidly growing cancer."

We may here refer secondly to the want of correspondence between the general implication of internal organs, and the prominent clinical features of her case. Death seemed to be induced more by the cachexia than by the local difficulties of any organ. Such experience is not uncommon and adds to the difficulties of a case. Some interesting cases of this sort are given in Cockle's Memoirs on "Intra-Thoracic Cancer."

In our heading we have associated diseases of distinct characters, but they have also points of affinity, in the general affection of the lymphatic system, and a certain amount of irremediable cachexia. The two brief histories, which we subjoin, are illustrations of what Trousseau has called Adenia; some English physicians, Lymphatic Anæmia; and Wunderlich, Pseudo-leucæmia.

A German man, aged thirty-five, was admitted to the hospital in the following condition: The submaxillary parotid glands and the lymphatics of the neck were much enlarged, forming a chain of connection from ear to ear. There was almost universal lymphatic enlargment, in some instances the growths being as large as walnuts. There were indications of a similar affection of the bronchial glands in embarrassed and stridulous respiration. This was a serious feature of his case, as experience proves the general inutility of treatment. The glandular swellings had a different feeling from those of the case of acute cancer, being softer and not tuberose; and the coexistence of much internal growth in the abdominal cavity was wanting. The duration of the case, previous to admission, had been about a year, and as yet the cachetic condition was not threatening. The absence of leucocythemic blood dissociated it from that form of cachexia, and we have classified it Adenia. The man was difficult of control, and did not remain long under treatment. Five grain doses of bromide of ammonium seemed to produce some amendment, but the time was too short to determine reliably its effect. The interference with respiration, by enlarged bronchial glands, threatened to terminate his life before advanced cachexia appeared.

By the courtesy of Dr. Fishburn, of this city, I am able to give the following particulars of a case which came under his care:

Mr. B——n, a Jew, aged 52 years. His health had been good until about one year and a half since, when he observed some swelling of the glands about the breast and axillæ. Shortly the glands of the neck enlarged, and considerable circumscribed swelling in the abdomen was noticed. His present condition is as follows: Enlarged glands under the chin, in the submaxillary region, behind and under the ears, and at the back of the neck, the whole being almost continuous with one another, about the sizes of pullets' eggs, and giving him a very peculiar appearance. The mammary glands both much enlarged by the same growths, the right being somewhat the larger. The abdomen is still somewhat pendulous, though he states it has diminished. His general health is good, his great annoyance being a hard, paroxysmal dry cough, which I have no doubt is owing to enlarged bronchial glands. The spleen is not

enlarged. A microscopical examination of the blood did not show any leucocythemia. The probabilities are that his death will ensue upon a continued growth and enlargement of the bronchial glands, interfering with respiration, or ingestion of food by pressure on the œsophagus, or the peculiar cachexia of such cases may supervene and carry him off by ascites, &c. There could not be found in his history any starting point of irritation to account for the glandular growths, such as Trosseau found in some of his cases. One interesting point in this case is the peculiar sensation which the examination of the enlarged glands gives. Trousseau speaks of it as characteristic of well-developed adenia. It is the puffy, liquid feel which the tumors have, and which has deceived some persons. It is well marked in this case.*

A reference to ordinary text books has not offered very complete information bearing on these cases. We propose to give an abstract of some important articles, scattered here and there.

Bennett, in his remarks on Leucocythemia,† remarks, "What appears to me, however, now a desideratum in research, is to determine why, in some cases, the blood should, and in others should not, be leucocythemic, where these glands are diseased." He, notwithstanding his well-known researches into the connection of lymphatic disease with leukæmia, has not reported any cases of generalized lymphatic tumors without leukæmia. Dr. Wilks‡ says: "It is a form of disease which has attracted little notice, probably on account of its rarity, and also on account of the obscurity and want of striking symptoms accompanying it. It is an affection however, which produces a lingering form of cachexia, and therefore well worthy of our attention. We believe it to be one not yet recognized under the ordinary forms of disease."

M. Cornil,§ in speaking of the difference between leukæmia and adenia, says, "all these facts call still for elucidation, and the physiology of the formative organs of lymph and blood is yet too little known to permit us to decide questions so obscure." Hodgkin's paper,‖ with the title "On Some Morbid Appearances of the Absorbent Glands and Spleen," contains the first published cases, and as it is not only interesting in its historical relation, but correct in its generalizations upon many important points, and in correspondence with later investigations, we will give a brief abstract of it. It contains a history of seven cases of enlarged

* He has since died, but we could get no particulars.

† Clinical Medicine, p. 839.

‡ Guy's Hospital Reports, 3d Series, vol. 2, p. 128.

§ Archives Gen. de Med., August, 1867.

‖ Lon. Med. Chirurg. Trans., 17th vol., 1832.

lymphatics and spleen, with post mortem examinations. Cornil, in the article above quoted, assigns only two of them to adenia, but probably some of the others should be so classified.

Virchow's and Bennett's discoveries of leucocythemia have given them importance, and as they were unknown to Hodgkin, his cases cannot be excluded from the leucocythemic form of lymphatic hypertrophy.

His first case was that of a child nine years old; the brother died of phthisis a few months before—illness nine months standing. The external lymphatics not enlarged—bronchial glands greatly enlarged and indurated, with old and recent adhesions; tubercular cicatrix at summit of right lung. In the abdomen recent peritoniits; mucous membranes of intestines pale; the mesenteric glands enlarged, one or two of them the size of a pigeon's egg, of semi-cartilaginous hardness; liver with a few white semi-cartilaginous tubercles; spleen large and containing numerous tubercles; absorbent glands about both liver and pancreas enlarged. "A continuous chain of much enlarged, indurated absorbant glands, accompanied the aorta throughout its course, and along the iliac vessels into the pelvis." This child died of ascites anasarca and marasmus.

The second was also a child, aged ten years. It died with ascites after three months illness. The glandular enlargement was greater and more extended than in case one. This case is reported in Dr. Bright's book on Abdominal Tumors, with a figure of section of spleen and enlarged glands attached, p. 185, case 18 of splenic tumors.

Case three was a man aged thirty years. It could not be properly classified as "adenia," because of the tendency to suppuration in the enlarged lymphatics.

Case four was a man aged fifty. There was "great enlargement of nearly, if not quite, all of the absorbent glands within reach, particularly in axilla and groins, most of them about the size of pigeons' eggs, moderately firm. The glands at the small curvature of the stomach, several in Glisson's capsule, and a large mass of them along the entire course of the aorta and iliac arteries. Those along the subclavian arteries and about the roots of the bronchi, were greatly enlarged."

Case five—middle aged man—glandular enlargement in neck, particularly near upper part of thyroid cartilage, in axilla, along the aorta, of the size of a pullet's egg; spleen enlarged.

Case six, aged 50, had large tuberose swelling, of considerable firmness, on both sides of the neck, in the axilla, and in both groins, ascites, difficulty of breathing. Tumors along the carotid and axillary, subclavian and internal mammary arteries, and along the aorta in the posterior me-

diastinum, and a large and continued mass of nodulous glandular tumors along the aorta and iliac arteries. Liver had some deposites. Spleen healthy. The tumors ranged in size from a horse-bean to a hen's egg, and had a round or ovoid figure.

Case seven was furnished to him by Dr. Carswell, with drawings. This case, according to the now established morbid anatomy of adenia, can not be classed as adenia, but it is interesting as showing an enormous amount of glandular disease. Death ensued from pressure on the œsophagus. "On each side of the neck were large groups of glands extending from the angle of the jaw down to the clavicle, where they were joined to another group coming up from the axillæ and passing under the clavicle. The submaxillary and sublingual glands were greatly enlarged, and united with the other lymphatic glands, and united under the skin. Some were of a pea size and others as large as a hen's egg. The greater number of those in the groin were as large as pigeons' eggs, and could be followed passing under Poupart's ligament, surrounding the great blood vessels, and terminating in the diseased lymphatic and mesenteric glands." The contents of the glands are described as cerebriform matter, and the structure was not such as would now be recognized as adenic. It seems to have been more nearly allied to the case of acute malignant disease which is alluded to above from the London Hospital Reports. Like the tumors in our own case in the abdomen, there was an "enormous one formed by the lymphatic glands situated under the liver, duodenum, pancreas and great blood vessels. It was as large as an adult's head, projecting forwards on a level with the convex surface of the liver and carried before it the duodenum pancreas and gall-ducts. Two cases in the living subject are also reported by Dr. Hodgkin, of similar import to the others. The decisive distinction between these cases and leukæmia of course was not made at that time. The subsequent discoveries of Virchow and Bennett gave interest to Hodgkin's report. His views of the nature of the enlargement corresponds nearly with the more recent investigations. He did not, however, affix a name to what he considered a peculiar disease. Dr. Wilks, in his first article on the subject, remarks: "It is only to be lamented that Dr. Hodgkin did not affix a distinct name to the disease, for by so doing I should not have experienced so long an ignorance (which I believe I share with many others) of a very remarkable class of cases." Dr. Wilks, in his second article in Guy's Hospital Reports, vol. 5, 3d series, gives it the name of Lymphatic Anæmia, by which English physicians know it. He distinguishes between it and Leucocythemia, and as being accompanied by an anæmic

cachexia, prostration and death. He reports some cases in connection with others of lardaceous disease, though he does not consider them as related. They are quite similar to those given by Hodgkin in morbid appearances, but differ, inasmuch by microscopical examination they were proved non-leukæmic. Two cases are given, admitted under Dr. Pavy's care, the first of which the blood was examined during life, and in the second after death.

Trousseau is the only author who has treated systematically of the disease, to which he has given the name of Adenia. French and German cases have been reported, and last year (1866) Wunderlich published an elaborate article on the disease, which he is disposed to call pseudo-leukæmia. In Trousseau's first case, as reported by him, the lymphatic enlargement began in the groins and axillæ, and in fifteen days they had attained a considerable size. This was in the third or fourth month of pregnancy. After delivery, Trousseau recognized general internal and external tumors. Microscopical examination showed no leukæmia. Some months afterwards she died from cerebral accidents, having also had subcutaneous hemorrhages.

The second case had had for a year general ganglionic enlargement, more particularly in the neck and behind the clavicle and sternum, threatening suffocation. Tracheotomy was performed, but there was pressure below the point of operation, and the patient died the next day.

The third case was that of a cartwright, aged 58. His general health had been good. In October, 1862, a small, indolent tumor on the neck. A month later there was an explosion of tumors in the neck, axillæ, and groin. Three and a half months after the beginning, the neck was deformed by a multitude of supple, rounded tumors. Those of the axillæ were remarkable. None in the abdomen—no hypertrophy of the spleen. Shortly afterwards the neck became monstrous, as large as the head in its whole extent; before the ears there were two enormous tumors, elongated vertically and uniting underneath with others of the submaxillary and lateral regions. The face was, as it were, framed in a mass of tumors. Behind and at the base of the neck were also engorged ganglia; small tumors in the groins, numerous ones in the left flank, the liver slightly enlarged, and the spleen healthy. A month later there was still an increase. Shortly after he died asphyxiated by the pressure of the masses on the bronchial tubes.

His fourth case was a man from Stockholm, aged about thirty years. In June, 1862, a small tumor appeared under the left ear, from which there had been a discharge for some time. Three weeks later several

tumors appeared on the right and left side of the neck and in the inguinal and axillary regions. There was no hypertrophy of the spleen, and no leukæmia. After a varying condition of health, he finally died cachectic in the course of the following year, 1863.

He finally gives, in much and interesting detail, a case observed and reported by Leudet, of Rouen, in which the general course and result of the disease was the same as in the cases above. Without further detail, these cases will suffice to give a correct impression of the prominent features of the disease which Wilks called lymphatic anæmia, and Trosseau adenia. In summing up his discussion, he concludes "that he is forced to admit a new special diathesis, unknown in its essence, and that we will call the lymphatic diathesis. This diathesis is characterized by the tendency of certain subjects to show, under the influence of a determining cause, ganglionic engorgements at first local and which have become generalized in the course of eighteen months to two years. This ganglionic engorgement is constituted by a hypergenesis of the normal cellular elements of the lymphatic ganglia, a hypergenesis which, in some cases, can attack the glandular corpuscles of the spleen. The disease has for its consequence anæmia, cachexia, and is not accompanied with leucocytosis of the blood. This diathesis is different from the scrofulous, tuberculous cancerous and syphilitic."

Wunderlich defines adenia to be "a form of peculiar disease, characterized by the successive and aggressive formation of voluminous and numerous tumors of the internal and external lymphatic ganglia, and by deposits of a special consistance, at one time in one organ, at another time in another, but most frequently in the spleen, liver, more rarely in the kidneys, the glands of the stomach, the follicles of the intestines, the lungs, pharynx, &c. This disease is developed without special known cause, is accompanied by a pronounced anemia, without necessary increase of the white globules, with dropsy, loss of force, and can even give origin to diphtheritic productions. When it has progressed, death is nearly inevitable, and happens more rapidly than in true leukæmea." *Archives der Heilkunde*, 1866, *p.* 531. *Archives Generales de Medicine*, 1867.

In order to complete the clinical delineation of adenia, it is necessary to state that the enlarged glands never undergo suppuration, as in scrofula, or any inflammatory changes. Trousseau, however, gives a case of Halle's, reported by Nelaton, where there were apparently internal cancerous deposits with the adenic lymphatic glands. He doubts whether a thorough examination, microscopically and otherwise, would have shown

them to be malignant. Bœttcher (Virchow Archives, 1866) has shown such a mistake to be possible with regard to certain deposits which have been assumed to be tuberculous. He has shown them to be otherwise. Virchow, in the second volume of his "Die Krankaften Geschwülste," p. 628, and following, classifies these growths as lympho-sarcoma. The growths in the spleen, sometimes occompanying it, are described as heteroplastic and malignant. This fact, if confirmed, would have a bearing on our case, though the inability to examine the structure of the enlarged lymphatics leaves our case imperfect.

TREATMENT.—As yet little has been accomplished by any treatment. Trousseau, in accordance with his view that a local irritation is the starting point, usually, of the lymphatic enlargement, advises early attention to any evidences of local trouble. After a generalization of the lymphatic tumors, and the diathesis has become fully developed, he advises "either repeated saline purgatives or the use of certain mineral waters, such as Kreuznach, &c. Preparatious of iodine, iron and quinine he relies on, but expresses "only a moderate confidence in any treatment." Such is the general experience.

Diagnosis of the Forms of Typhoid Fever. Translated from the French of DR. CARRET. (*La France Médicale*, 16*th Oct.* 1867.) By WM. MASON TURNER, M. D., Philadelphia.

The existence of a typhoid fever having been demonstrated on a patient, what is the form it takes? It appears to us useful to make the diagnosis of the species, especially in view of the necessary treatment.

We admit with M. Tardieu, three forms only of the typhoid fever, because they are the only ones that can be determined with precision: these forms are the inflammatory, the ataxic, (irregular,) and adynamic. Two varieties, admissable especially in view of the ancient classification of fevers, can be rejected as insufficiently precise. I refer to the *bilious* or gastric form, remarkable for the prominence of those symptoms termed bilious, and to the *mucous* form, which is known by feebleness, paleness of the face, whiteness of the tongue, sourness of the breath, and slimy diarrhœa. These two varieties are generally seen at the commencement, and more or less throughout the duration of the disease.

The inflammatory form, which is observed in young, robust, plethoric subjects, is readily known by fullness of pulse, heat of skin, scanty, red-

colored urine, dryness of the tongue and throat, a marked, acute pain over the epigastrium and abdomen, finally by inflammatory complications resembling those which characterize pneumonia. This form occurs from the beginning, though it often takes place several days afterwards, and shows a symptomatic parallelism with the two following.

The ataxic form is marked by the predominance of nervous symptoms, troubles of the function of relation, by delirium, twitching of the tendons, convulsions, contraction, and carphologia, (automatic and continual moving about of the hands and fingers.) Ataxia often consists in a fault of harmony and of regularity in the succession and appearance of the phenomena. This form, when it manifests itself from the beginning, is rapidly fatal. It corresponds, among the ancients, to nervous, malignant and cerebral fevers.

Finally, the adynamic or putrid form, which is the most frequent, is determined by stupor of countenance, extreme prostration of the forces, coma, retention of urine, involuntary and fœtid stools, threadiness and slowness of the pulse, general feeling of cold, dry, crusty condition of the nostrils, fuliginous coating on the tongue, fœtor of the breath, obstruction of the lungs, passive hemorrhages, and bed sores.

We may state that from the beginning, every form may be met with, but more especially the inflammatory, likewise to the same degree the bilious and mucous conditions, which, however, to speak correctly, do not deserve the name of form. But indeed it is necessary to recognize with Forget, that we have oftenest to contend with ataxic and adynamic forms; that they are closely related to the others; that they characterize every confirmed case of typhoid fever, and that few patients succumb without showing these symptoms.

It must be admitted that all these types are rarely as well marked as we have described them. They combine with each other, and as oftenest no one symptom predominates, the practitioner has but little occasion to pronounce on the particular *form* of typhoid fever. The following case is cited as an example of nervous phenomena:

Case of typhoid fever, with cutaneous, muscular and spinal hyperæsthesia. Troubles of mobility; cephalalgia, stupor, deafness; profuse diarrhœa, epistaxis and frequent vomiting. Cure.

Marie W., *salle*, Sainte-Mathilde, No. 26, aged twelve and a half years, an artificial flower maker for two years, has had cough and diarrhœa for six months, and since about a month has been subject to vomiting, on

mornings after spells of coughing. For fifteen days she has been confined to her bed by weakness and fever.

March 4th. To-day, in the forenoon, she had a rigor, and five greyish, fœtid stools; thirst is great; the tongue white and shrunken; the belly enlarged; the skin of the belly is sensitive to an extraordinary degree; no iliac gurgling can be perceived. A most acute pain follows pressure on the spinal apophyses, of from the third to the tenth dorsal, and on a level with those of the two last lumbar; an equal pain in the groove of the corresponding dorsal; spontaneous pains in the calf of the leg, and in the anterior face of the thighs, increased by pressure; frontal cephalalgia; slight trembling of the hands and lips. Vinous lemonade to drink; two glasses of citrate of magnesia.

5th. Epistaxis; vomiting; seven or eight diarrhœa stools. Stupor; the belly distended, and painful to the lightest touch.

6th. More epistaxis, following vomiting; two stools; stupor, light-headedness; the skin hot and moderately dry; pulse 120; the lips dry, the tongue loaded. Eau de seltz. vineuse to drink; a draught with 4 grammes of ext. cinchona; unctions to the belly of oil of chamomile; injections of water of chamomile and lime water.

7th. The patient much sunken, the lips encrusted, the teeth and gums covered with a brown, very thick concretion. Pulse feeble, soft, 130 to the minute; unable to support on belly even the slightest cataplasm; the spinal sensibility has disappeared. Soup draught, with ext. cinchona 1 gramme; injections of chamomile and lime water; acetic lotion.

8th. There has been no stool since yesterday; the tongue is less dry; the belly continues hard and distended, although less sensitive; some doubtful taches have appeared; the pulse is stronger. Lotions replaced by two glasses of purgative lemonade.

9th. Talkativeness during the night; the patient quiet at the time of the visit; the pulse is again frequent and soft; lenticular taches over the belly; there have been three dark colored stools; on auscultation mucous râles were detected.

10th. Loquaciousness; delirium; pulse 116; tongue dry; fuliginous lips; numerous rose colored taches.

11th. Loquaciousness; skin more moist; six stools followed the injections; the belly is more yielding and soft. Vinous lemonade; draught with one gramme of ext. cinchon.

[This ends the report in this number of the Journal, to be finished in next. I will simply state that the case went on to a cure.] TRANSLATOR.

The Binder after Labor. By D. CLARK, M. D. Richmond, Ind.

A recent issue of the Medical and Surgical Reporter contained the statement, that the custom of applying the bandage to puerperal women is rarely practised in Europe, and that the tendency is towards its abandonment in this country. Remarks are quoted from several physicians (all, I believe, of Montgomery County, Penn.), concurring in the sentiment that the custom is always useless, and sometimes mischievous—and one (Dr. Carson) goes on to say, "I think it belittles the physician who directs or practices it; indicating either ignorance of mechanical or physiological laws, or moral cowardice in view of the innovation."

It seems worth while, then, for the profession to re-examine the grounds of this time-honored procedure, and to decide positively if this be possible; whether it is, in truth, as these gentlemen assert, a custom "more honored in the breach than in the observance."

In the first place, it must be admitted by the opponents of the measure, that authority is against them. Nearly all the popular works on midwifery, and nearly all the Professors of Obstetrics in medical colleges recommend the application of the bandage, and the young physician who neglects this must feel as if he had incurred the responsibility of acting in the face of his teachings. Cazeaux of France, Tyler Smith of England, Churchill of Ireland, and Hodge of the United States, all leading obstetricians in their respective countries, insist, with more or less earnestness, on the necessity of the binder; and the same is true of Moreau, of Ramsbotham, and of Bedford. Prof. Meigs, while directing it to be applied, perhaps because it is customary, still speaks of it as a matter of little importance, and remarks that the cow or sheep is not found to require any such artificial pressure after delivery. But this, if it proves anything, proves too much; for these animals seldom need *any* of the attentions of the accoucheur, not even the "touch" or the ligation of the cord, and if women are to be treated like cows and sheep, Prof. Meigs's "occupation would be gone."

Now, *authority* in our profession is worth much. A few leading minds do most of our thinking, and the results obtained by these medical philosophers are rendered conducive to the benefit of mankind, by the mass of practitioners in their daily rounds. Every reflecting physician, however, will meet with opportunities for original investigations, more or less important and extensive, and in a life-time of active exertion, will be very likely to collect some facts and form some opinions (as the result of

his own observations), which are not only independent of, but at variance with the teachings of the books.

The presumption is undoubtedly in favor of authority, and in the practice of the healing art, no one is justified in departing widely from the directions laid down in the recognized standards of medical truth, unless the reasons for such departure are cogent and decisive. When, however, such reasons do exist, they become the "higher law," and the duty to obey the higher, and disobey the lower, is imperative. An opinion or a practice, then, is not to be adopted solely because it is is a dogma promulgated in medical books, but because it is in accordance with sound reason, correct observation, and the teachings of common sense. Writers on medicine, as well as other subjects, may sometimes put forth assertions which are not adequately sustained by facts, and grave errors in practice may result from too implicitly following their guidance. On the other hand, we are not to forget that those who array themselves against authority, and declare their independence of the books, are not infrequently shallow reasoners, who can meet an assertion only with a counter assertion, while as practitioners they are, as a rule, not a whit more successful than those who follow the beaten track.

Bearing these principles in mind, let us now return to the question of the propriety, or otherwise, of bandaging parturient females, and inquire whether in this case, *authority* and *sound reason* speak the same language, or whether this a custom which is truly founded upon precedent, and which "*belittles*" the physician who employs it.

A variety of advantages is attributed to the binder in the works on Midwifery, some authors giving greater prominence to one, and some to another. A few of these advantages we will now proceed to notice:

First. The binder is said to maintain the tonic contraction of the uterus itself, thus preventing inertia and hemorrhage.

In cases of severe post-partum flooding, it would not do, of course, to rely upon the bandage to suppress the flow; but every practitioner knows that one of the most efficient means of securing contraction of the uterus and consequent cessation of the hemorrhage, is to grasp the organ with the hand, and apply the stimulus of pressure through the abdominal walls. Occasionally it is needful to introduce the other hand even into uterus itself, and make counter pressure there. In the majority of cases, this contraction of the womb, and occlusion of the vessels thence resulting, occur spontaneously; when this is not the case, they may generally be brought about by the measure first referred to, together with the application of *cold* to the abdomen, vulva, vagina, or even the uterus itself. Until contraction takes place there is no safety for the patient, and with-

out it the accoucheur can not be justified in leaving the house or even the lying-in chamber. By the reflex action of the spinal cord, the impression made by the hand or the cold douche upon the abdominal walls is transmitted to the uterine nerves, and the muscular walls immediately contract under the influence of their own proper stimulus. If such be the power of forcible pressure with the hand, in inducing an inert uterus to contract, where is the absurdity of supposing that the more moderate and steady pressure of a bandage may be useful in *maintaining* the contraction when once secured. The sudden pressure produces a sudden contraction—the continuous pressure a *tonic* contraction. If those who assert the usefulness of the bandage in this respect, are "are ignorant of mechanical and physiological laws," the same ignorance, perhaps, obtains amongst those who rely with so much confidence on kneading the abdomen with the hand in cases of violent uterine hemorrhage.

Secondly. The second advantage claimed for the binder is that it gives support to the abdominal parietes.

The walls of the abdomen cutaneous, cellular, and muscular, have been, during several months, in a state of great distension; they are now, on the contrary, left in a condition of extreme relaxation. It can hardly be an error to assert that in many cases they are incapable of adequately supporting the viscera within, and Prof. Hodge—certainly one of the most philosophic accoucheurs on this continent—affirms that the bandage, properly applied, affords support not only to the intestines, liver and stomach, but also to the "diaphragm and even the organs of the chest." No one, I think, who has read the series of articles by Dr. Banning, of New York, on "the Physiological and Pathological Relations of the Trunkal Muscles," in which he shows the importance of muscular support in various affections, particularly among females, will be disposed to withhold such support, at a time when the atony of the abdominal walls is so marked, that in cases of multiparæ we might sometimes reasonably look for actual dislocations of the stomach, the liver, or certainly the intestines, to be produced by simple changes of posture.

Passing over some benefits, of minor importance, ascribed to the binder, such as preserving the figure—preventing "pendulous belly"—"promoting a return to the natural condition of the uterine parietes," (Churchill)—"preventing the afflux and stasis of the fluids, the engorgement of the uterine walls, the dilatation of the cavity of that viscus, and diminishing the after pains," (Cazeaux)—I come now to consider the last, and, perhaps, most important office which it has the credit of discharging, and that is *the prevention of syncope.*

Fainting, under the most favorable circumstances, is unpleasant and

alarming. It is a temporary suspension of the vital functions, and if protracted to any considerable length of time, is always dangerous to life. It has usually been considered especially perilous, however, when occurring in females after labor. Sudden death has too often happened as a consequence of syncope produced by simply assuming the erect posture. This remark is particularly applicable to cases in which there has been post-partum hemorrhage, by which the liability to fainting is, of course, increased. It is now an acknowledged fact, that the amount of fibrin in the blood is either relatively or absolutely increased during pregnancy. In health that fluid normally contains from 2 to 3½ parts fibrin in 1,000. In pregnancy the average quantity is 3.4 parts, and during the last two months it is 4.08 parts. These figures I quote from Bedford, who, I believe, is indebted for them to the French physiologists. Now, the fluidity of the fibrin is maintained solely by the movement of the blood in the circulating vessels, and whatever retards or stops this circulation will have a tendency to produce its coagulation. If the quantity of fibrin is greater than usual, as in the pregnant and parturient female, this tendency, of course, is increased. During an attack of syncope, the motion of the blood in the heart and vessels must be extremely slow. What more likely to happen, then, than for the fibrin to become coagulated, to attach itself to the cardiac valves, or to form clots in the cavities, which must inevitably be followed by fatal consequences? For these reasons it is a prominent duty of the obstrician never to allow his patient to faint, if it can possibly be avoided. And yet the nervous exhaustion, and not infrequently the loss of blood which succeed the agonies of parturition, especially if the labor has been protracted, render the system peculiarly predisposed to syncope. But besides this, it is a fact well known to physicians and surgeons, that fainting is sometimes produced by the mere removal of a pressure to which any portion of the body has been long habituated. Hence, it is very apt to occur after tapping for abdominal dropsy, and all surgical writers direct us to supply the lost pressure during and after this operation, by a bandage. According to Prof. Wood, "the effect in these cases is ascribable, probably in part, to a loss of balance between the blood in the brain and in the newly liberated vessels, but much more to the effect upon the nervous centres of the feeling of vacuity consequent on the removal of the pressure." Druitt asserts that if the bandage were not used after tapping, "the removal of the pressure to which the abdominal veins had been habituated, would cause the blood to gravitate into them from the heart, and induce syncope, or, perhaps, they might burst and occasion a fatal hemorrhage."

Whatever may be the explanation, the fact remains that fainting is

likely to occur in such cases, and that the bandage is regarded as a preventive. If it is urged that these remarks do not apply to the condition of the woman after delivery, because dropsy is a disease, while labor is a physiological function, I reply that the mechanical effects in the two conditions are precisely similar. If the organs within the abdominal cavity have been subjected, for a length of time, to a constantly increasing pressure, it makes no difference whether that pressure was produced by a gradually enlarging pregnant uterus, or a gradually filling peritoneal sac. There will be the same "feeling of vacuity" when the pressure is removed, the same gravitation into the veins, and the same tendency to syncope. Hence the conclusion is irresistible, that if the bandage is an important preventive in the one case, it must be so in the other. Whoever quarrels with the accoucheur for applying the binder, must also quarrel with the surgeon; if the former is belittled by the proceeding, so is the latter. And in both cases experience corresponds precisely with theory. Prof. Wood asserts that "when this precaution has been neglected," tapping "has repeatedly proved fatal;" and Tyler Smith, who numbers his obstetrical cases by thousands, assures us that "he has *known* several instances of mortal fainting for which no other cause could be discovered than the neglect of applying the bandage."

If it be said that this is only negative testimony, because such cause of death might have existed though not "discovered," I answer that much of our diagnosis and our therapeutics is founded on just such negative evidence. If it be objected that some women faint and die to whom the bandage is applied, I admit it, and add that persons are continually dying, for whose benefit all the resources of our art are brought to bear skillfully and perseveringly; but this is not an argument against the art. I have not the least doubt that even a large majority of parturient cases would do well without the binder, just as they would do well without any of the attentions of the scientific obstetrician, or even his presence. If, however, the bandage would save but one woman in a thousand, I should think it better to apply it to the 999 who would be safe without it, than to allow the one to perish for the want of it.

The foregoing observations have been made on the hypothesis that the bandage is properly adjusted. And I am by no means oblivious of the fact that it may be arranged so bunglingly and unskillfully as to do harm rather than good. The same is true, however, of bandages in surgery, as numerous instances in Hamilton's work on Fractures and Dislocations painfully attest; but bandages are not, for that reason, banished from surgical practice. Why should they be from obstetrical?

The chief error to be guarded against in the application of the band-

age, in obstetrics as in surgery, is that of drawing it *too tightly*. Patients themselves are too often desirous of submitting to inconvenient and even painful pressure, for the sake, as they suppose, of preserving their figure. Such severe pressure, acting constantly on the uterus, may produce irritation and even inflammation of that organ. That the bandage can, in any case, bring on a prolapsus of the womb, is highly improbable. The binder should be broad enough to embrace the whole of the abdomen, and should be secured with moderate tightness, over the upper part of a compress, neatly folded, placed on the hypogastrium, and extending down over the vulva. It should be applied next to the person, and not outside the garments. It may be adjusted as follows, viz:

If the patient be lying on her back, near the edge of the bed, one assistant may take her right hand and another gently lift and turn the hips so as to bring her near the middle of the bed, and on her left side. This may and should be done without any exertion on her part, and without raising her from a horizontal position. The bandage, which may be only a towel or strip of muslin, should then be laid smoothly upon the bed behind her, and one end insinuated under her left hip. She is then gently rolled over again on to her back, and we have the bandage beneath her. The ends may now be brought together and fastened by pins, not too far apart. The binder is sometimes made with strips of whalebone in front, and corsets behind. This renders it less liable to slip from its position, which slipping, however, may be prevented, in an ordinary bandage, by strips passing between the limbs, and attached to its lower edges back and front.

Most obstetrical writers insist that the accoucheur himself shall adjust the binder. Ramsbotham, on the other hand, maintains that it is highly indelicate for him to do so, and thinks the duty properly devolves upon the nurse. There is, in general, little risk in allowing the female attendants to *perform*, provided the practitioner will *direct* this duty; and he should afterwards inspect the bandage with eye or hand, so as to see that there is nothing amiss.

And now, in conclusion, if in this paper I have only demonstrated my "ignorance of mechanical and physiological laws," I am perfectly ready to yield the point, whenever sufficient reasons are rendered on the other side. I would not wish to be understood as insisting that the bandage shall be applied in every case, though, with my present light, I should think it much better that it be applied in every case than in none. But I believe there is room here, as elsewhere in in our art, for the exercise of sound judgment and discretion. If asked, then, what cases I

would select, as specially demanding the application of the binder, I would say:

1. Where there has been hemorrhage, more or less severe, which has been controlled by other means.

2. Where there is great nervous exhaustion, with tendency to syncope. In this, as in the preceding case, it should not be employed to the exclusion of other means, such as lowering the head, the exhibition of stimulants, &c., but as an adjunct to them.

3. Where there has been unusually great distension previous to labor, as in small women with large children, multiple pregnancies, and superabundance of the amniotic liquor.

4. Where there is marked relaxation and flabbiness of the muscles and skin as frequently seen in multiparæ.

5. I should not be likely to refuse the request of any patient who should wish to be bandaged. And if the binder increases her comfort, as is usually the case, I should advise it to be worn. If, however, there is no tendency to hemorrhage, exhaustion or syncope, and the patient should be burdened or annoyed by the bandage, I should think there would be little if any risk in removing it.

Fistula of the Lachrymal Sac. — Case. By Dr. L. D. WATERMAN, Indianapolis.

To cure this unpleasant disfigurement, (so disagreeable from the constant escape of tears upon the cheek through an unnatural passage, which frequently perpetuates an ulcer, and gives rise to erysipelatous inflammation,) various methods have been resorted to—opening the lachrymal sac just below the tendon of the obicularis oculis muscle and inserting a style to dilate the stricture (which is generally at the junction of the lachrymal sac with the nasal duct,)—dilating one of the puncta, and through it the strictured duct,—or slitting up one of the canaliculi, generally the lower, until a lachrymal sound can be passed—to make the lachrymal canal permanently pervious, and thus allow the fistula to heal, by conducting the tears through the natural channel.

Each of these methods is occasionally required, and all sometimes fail or are inapplicable, rendering necessary the unsatisfactory proceeding of closing the puncta, obliterating the lachrymal canal, or destroying the lachrymal gland, to prevent the annoyance of constant lachrymation, or to cure the fistula.

In the following case a procedure was resorted to which avoided these more formidable, and sometimes objected to, operations. A lachrymal

abscess, injudiciously lanced, resulted in a fistula upon the right cheek of a lady. The ulcer had been of more than a year's existence, and was as large as a dime. It was so deeply extensive as to destroy almost the entire circumference of the sac, so that the tears flowed more readily through the fistula than the duct, when the latter was pervious immediately after the withdrawal of a style. It was frequently attacked with erysipelatous inflammation, which occasionally extended so as to involve the face and scalp. The ulcer involved the skin up to the tendon of the orbicularis, but the opening in the sac not being directly inwards, a passage was made into the sac beneath the tendon, and a style introduced and allowed to remain two weeks with very little benefit. I therefore passed a blunt probe suitably curved, through the ulcer into the lachrymal sac, and causing it to project at the upper part of the sac, just beneath the inner canthus, cut down upon it, opening the sac at its upper end. A No. 4 soft silver lachrymal sound, (Dr. E. Williams',) was introduced, through the incision, into the nasal duct. I thus avoided the slitting up of the canaliculus. The sound was withdrawn daily, and the sac syringed, for a week; when Nos. 5, 6, and 7, were successively substituted, and the latter allowed to remain six weeks; it was then withdrawn; the incision healed in three days; the fistula had closed except a minute orifice, which was lined with skin, and continuous with the mucous membrane lining the canal. The patient was so satisfied that she refused to allow anything to be done to close this orifice; and as the tissues consolidated and the tears flowed almost entirely through the nasal duct, the fistula closed up nearly a year after the operation.

The medical attendant who preceded me in this case, after trying various means for relief, had so despaired of healing the fistulous ulcer, that he proposed the extirpation of the lachrymal gland.

Eye and Ear Complications of Cerebro-Spinal Meningitis. By W. W. Seely, A. M., M. D., Prof. of Ophthalmology and Aural Surgery in the Medical College of Ohio, Oculist to Good Samaritan and Commercial Hospitals.

From a case of deafness, the result of cerebro-spinal meningitis, which presented itself to me the other day, and for which, for reasons that will be stated, I instituted treatment, and from having just seen an article in a recent German ear journal, by Voltolini of Breslau, entitled Acute Inflammation of the Membraneous Labyrinth erroneously taken for Cere-

bro-Spinal Meningitis, I was led to reflect somewhat upon the impressions left on my mind with regard to the nature and seat of the complications of the so-called cerebro-spinal meningitis, that come within range of my specialty.

It seems to me that every ray of light however feeble, that can be concentrated upon this terrible disease, or any of its complications, will bring in itself a cheerful reception.

It need not seem strange that a wide diversity of opinion exists with regard to the nature and seat of the special complications of the eye and ear in this disease, with regard to which such strange and contradictory opinions have been urged.

We can not but think that the exact nature and seat of the general disease lack something of being completely understood, one of the strongest reasons being an inferential one, viz.: that the general investigators have so utterly disregarded two complications, in terror exceeded only by that of the disease itself. However nearly the study of the general disease has brought us to the truth of it, it certainly not only fails to start us in its path as regards the special complications, but worse than failure indicate a false one.

Most of writers mention the occurrence of eye and ear lesions, double vision, strabismus, (its cause,) blindness, sight restored in a few days, or permanently lost; inflammation of the iris and conjunctiva, deafness, with or without discharge from the ear.

One of the most celebrated writers, (Niemeyer,) sums up as the cause of the various eye affections an inflammation of the neurilemma of the trunks of the various nerves which supply the eyes, calling attention particularly, to the similarity of the destructive lesions, the purulent ophthalmia, softening of the cornea, and hypopyum, with those that occur after the destruction of the Gasserian ganglion; and as far as I can learn, only one report calls attention to the appearance of the ophthalmoscopic, it mentions opacities of the vitreous humor.

With regard to the deafness which occurs very frequently in this disease, and noticed by all writers, we read that some patients become deaf, recovering without any perceptible injury about the ear; again, that it has followed in some cases, the patients not having speedily recovered from it; again, purulent discharges from the ears have been noticed; again, spontaneous deafness, and the cause of all this as depending chiefly upon the pressure of the plastic exudation in which the auditory nerves are imbedded." Paralysis in different degrees has been met with repeatedly, hemiplegia, paralysis of an arm or leg and Wunderlich mentions a

case where both sensibility and mobility in the lower limbs and over a greater part of the trunk, were present, as well as partial paralysis of left arm, but the muscular power was partially regained in five months.

In fact, these paralyses or pareses, are regarded as only temporary, and are considered to be due to "pressure on the nerve roots or centres, and not from interstitial lesions," a theory certainly of the most plausible nature, especially if the theory of the disease adopted by Stillé is received, that the distinguishing feature of cerebro-spinal meningitis is the "concentration of the morbid action of the disease upon the membranes of the nervous centers, and the tendency of that morbid action to purulent or plastic exudation."

How the eye affections will compare in number with the ear, I am not prepared to state; the relation is of little consequence for our present purpose. My opinion however, is that in this region the ear is far more frequently the seat of trouble than the eye. In fact I have never examined but three eye cases, one of neuritis, two of choroiditis. The so-called cases of "amaurosis" i. e. those in which the affection is situated within the eyeball, are neuritis or irido-choroiditis. In explaining the cases of choroidal and iridal complications, as well as of the conjunctival, I think there is no necessity for going any further than considering them in direct relation with the general disease. Certainly the choroidal trouble is not produced by inflammation of the nerve, as that under other circumstances, e. g. arising from tumors, basilar meningitis, etc., never produces choroiditis. For the neuritis or neuro-retinitis inflammation of the nerve, we may offer two explanations, that it is either primary or secondary; primary when it acknowledges the general cause; secondary when it arises from compression produced by the deposit of lymph along the track of the nerve. One writer goes so far as to lay down an universal rule that the choroiditis is merely a secondary trouble, consequent upon iritis, which closes the pupil and so gives origin to the choroidal affection, and says that choroiditis without iritis has never been seen. Firstly, the assumption is quite gratuitous, even were the last statement true, as it is well known we have a choroidal inflammation giving rise to iritis. Secondly, it is not based on facts, for I have examined one case of choroiditis with no participation at all on the part of the iris of one eye, and only slight congestion in the other, no adhesions, posterior synechiæ. As to the corneal affection we can not but think that in the majority of instances, it is due to the exposure of this portion of the globe to the irritating effects of particles of dust, and the deleterious influence of the air, owing to an inabilty to close the eyelids, the orbicular muscle being paralysed or partially so.

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Of course, if there is any truth in the theory that the abolition of the functions of the trifacial, produces disturbances in the nutrition of the cornea, it would militate against this opinion; the truth of this, however, seems hardly demonstrated. This much has been quite satisfactorily shown, that destruction of the Gasserian ganglion or the nerve this side of it, produces disturbances in the nutrition of the cornea, but this destruction, we must remember, also involves that of the great sympathetic fibers which unite with the fifth pair at this ganglion. Furthermore the resort to such a theory is uncalled for, as we have, unfortunately, too many painful examples of destructive inflammation of the cornea from simple exposure of it when it has lost the protection of the lids, as in cicatricial ectropiums. As to the treatment of these various affections of the eye, one or two suggestions we think will be practical in all cases and under all circumstances.

Saving the life of the patient is, of course, of the first importance, and nothing should distract one from concentrating all the attention necessary to reaching that end, if it is within the range of skill. Second in importance is the so reaching it that the conditions under which it must be borne, will not render it a curse rather than a blessing, both to the patient and physician. The simple conjunctival trouble needs little or no attention so long as it remains such. It might be suggested, without doing violence to the feelings, that there should be no lack of care in determining that the trouble is a simple conjunctival one. Corneal troubles, whatever theory we assume of their origin, will always admit of, first, protection of the eyes from the light, done most effectually by bandaging the lids closed, especially if there is ulceration or abscess formation, when you will obtain not only the beneficial therapeutic effect of the bandage, so marked in such diseases, but also support to the weakened tissues. Secondly, instillation of atropine, as in corneal affections arising from other causes. For the troubles deeply seated, we would suggest certainly exclusion of the light, either by shading the eyes, (both, no matter whether one or both are inflamed.) or by darkening the room, and if the iris is the membrane affected, the sovereign remedy for iritis—atropine must be used—the strength proportioned to the age of the patient; (so from half a grain to four grains to an ounce of water dropped into the eyes three or four times a day.) For the troubles of the membranes lying beyond those mentioned, we have only one suggestion, especially during the dangerous period, beyond the general one already given; the instillation of atropine, which, among its other beneficial effects, puts the eye at rest by paralysing the internal muscular systems.

We can not but think that these suggestions, however general, however unpretentious. will bring, if carefully acted upon, not only good to the patient, but also gratification to the physician.

(To be concluded in next number.)

BIBLIOGRAPHY.

Transactions of the Illinois State Medical Society.

The Transactions of the Illinois State Medical Society make a volume of 212 pages. Judging from the minutes the attendance was not as large as the number of the profession and its position in that great, populous and prosperous State would have justified one in expecting. There was, as is too often the case in Western Medical Societies, a remarkable absence of those members of the profession who hold prominent positions in the medical colleges. The Society resolved to meet hereafter on the third Tuesday of May. A committee of five members was appointed to report a memorial and law, to be presented to the legislature at its next regular session, for the better regulation of the practice of medicine in the State: also to legalize dissections.

The first printed paper of the Society is a Report on Cholera in Chicago, in 1866, by W. R. Marsh, M. D., of Chicago, in which the follow-facts are given. The first case reported was on July 21st, the last on November 23d. The total number of cases reported to the Health Office was 1581—in July, 1; August, 215; September, 268; October, 1082; November, 15. The largest number on one day was 175 on October 10th; the next 108 on October 11th; after which the epidemic rapidly declined. Of the number attacked, 970 died, a ratio of about 61 in 100. In proportion to the estimated population of the city 1 in 206 died. The number attacked in proportion to population was about 1 in 126. This report is said not to be very reliable, and does not embrace cholerine, etc. Adding all doubtful and unreported cases, and deaths which might have been reported as from cholera, the mortality still remains 41.92 per cent. In the face of these facts the Committee concludes there has been no progress in the pathology and treatment of cholera. That filth encourages the propagation and renders more fatal the attacks is regarded as undeniable, from comparison of the filthiness of the regions of that city where cholera was most prevalent, with those where it was least so.

The next paper is a Supplemental Report from the Committee on Practical Medicine, by L. T. Hewins, M. D., of Loda. After giving the topographical, geological and meteorological features of the eastern and southern portions of the State, (to which only, and that partially, this report refers, and alluding to the fact that about 200 artesian wells about 75 feet deep have been made in this region, from which good chalybeate water has been obtained to the improvement of the hygienic condition of the inhabitants, the writer states that no case of congestive chill occurred to him during ten years practice in a region of country 300 feet in altitude above Cairo, Illinois, (during which period he saw many hundred cases of autumnal fevers,) while in the bottom lands of the Wabash and Ohio rivers, 300 to 400 feet lower, he found many in previous years. Hence he concludes that the poisonous cause "whatever it may be, exists in its most virulent forms in places of low altitude, in bottom lands, beside the bayous and the marshes near our larger streams." Higher up in altitude milder forms of bilious fever are found; and still higher up typho-malarial and typhoid fevers are the prevailing types. He says the year past has been the most healthy, in the region named, of many years immediately preceding it. Bilious intermittents and remittents have prevailed only to a very limited extent. He calls attention to the fact that coal-miners, who are 12 out of 24 hours in the mines, never have either disease although these prevail as epidemics in their neighborhoods; indicating that the gases of the mines are capable of neutralizing the poison.

Typho-malarial fever prevailed to some extent in the autumn and early winter months, characterized by remissions in twelve, eighteen and twenty-four hours throughout the disease, with perspirations about the neck and shoulders, sometimes over the whole body, occasionally even during the exacerbation of the fever. The pulse was at first about 90, but subsequently reached 100 to 120, and in rare cases 140. The bowels are generally constipated at first, but respond more easily than in remittents to cathartics. In advanced stages troublesome diarrhœa is present. Epistaxis, sudamina and rose-colored spots are rarely discoverable. The ages most liable to this disease are from 15 to 30 years. Post mortem examination reveals mucous inflammation of the stomach, duodenum, and small intestines; inflammation but not ulceration of Peyer's glands; liver larger and harder than natural, and mottled or slate color. The treatment by quinine and turpentine gives the best results.

Cerebro-spinal meningitis had made fearful ravages in several places; three-fourths of the cases proving fatal in some localities. The patient lies on the occiput and lower extremities with pupils dilated, eyelids closed,

and limbs extended, and manifests agony whenever an attempt is made to move him. There is always retention or suppression of the urine, and suspension of the normal function of the skin. Hot baths with mustard were resorted to, followed by wrapping in warm flannel, and from 5 to 50 drops of tinct. cantharides, with from 2 to 10 grains of chlorate of potash, administered every two hours until an impression was made on the skin and kidneys.

Dysentery prevailed as an epidemic in only one or two localities, caused or aggravated by the decay of large quantities of unsound corn in cribs in July and August.

Cholera prevailed in several places. In Cairo "between 350 and 400 cases occurred, with a mortality of not over 10 per cent."

Diphtheria, though not as a serious epidemic, prevailed "in a troublesome form." The chlorates are reported as most beneficial in its treatment.

Rubeola prevailed in Champaign County during the three winter months, causing one thousand deaths. One twentieth of the cases were adults; and many had had the disease previously. The fatal cases were complicated with bronchitis and pneumonia. The sulphites (especially that of soda) were used with marked benefit, in addition to the usual remedies.

The report, though valuable as a contribution to the medical history of the year, contains nothing new in respect to therapeutics or pathology, and is not as thorough as a State Report should be.

Radical Cure of Inguinal Hernia, by George T. Allen, M. D., of Springfield, is the paper next in order. The author makes no allusion to previous authors on this subject, but says his plan is to "push a portion of the scrotum," * * "through the external inguinal ring into the canal" * * "as far as the internal inguinal ring, and to retain it there until firmly adhered to the surrounding tissues." His method is to reduce the hernia and its sac; pass his right forefinger along the track of the hernia into the abdomen, carrying the scrotum before it; and substitute for the finger the apex of a metallic tube $2\frac{1}{2}$ to $3\frac{1}{2}$ inches in length, $\frac{5}{8}$ of an inch in diameter at the base, and $\frac{1}{4}$ of an inch at the apex; curved near the apex so that the convex is $1\frac{1}{2}$ inches longer than the concave surface, with an opening in the apex $\frac{1}{8}$ of an inch in diameter; passing this tube, with the concave side anterior and pressing the apex against the groin in front of the internal ring. Pass a needle (with a blade 5 or 6 inches long curved to suit the tube, with a flat broad handle 2 inches long, and an eye near the point) armed with a silver or iron wire or silk ligature 12 inches long, with a perforated buckshot strung upon it and tied to its

middle, through the hollow tube, scrotum, and integument of the groin beyond the eye, when an assistant should draw the ends of the wire or ligature from the needle which is then withdrawn; and while an assistant steadies the tube the operator should draw the buckshot tightly into the tube by means of the wire or ligature, the ends of which are to be passed through holes in a gutta-percha button, and tied firmly over a small wedge upon the button (to be withdrawn to lessen pressure between the tube and button when required.) The patient should be confined to bed for from ten to fourteen days, the wire then cut and the tube, buckshot, and wire withdrawn; and as a precaution a truss worn for two weeks, when the opposed surfaces of the scrotum will be united. Before operating a laxative should be given, and a bed pan should be used, avoiding straining, until the cure is perfected. He says "the cure will be certain and perfect in every case of oblique and in most cases of direct inguinal hernia. If the hernial sac or omentum can not be returned to the abdominal cavity—this is not applicable. The operation is attended with very little pain and no danger. The failures have left the patient in as good condition as before. Failure in his hands, among his early cases, resulted once from "improperly" removing the instrument; once from "keeping the patient too quiet to permit the degree of inflammation necessary to establish adhesion;" and once "because of too much inflammation and consequent suppuration, in place of adhesion", in a case where the inguinal glands were enlarged and indurated. He has operated on "about fifty cases."

A reference to the Transactions of the Indiana State Medical Society for 1867, published in July of that year, will show that the operation above is substantially that described by Dr. James Thompson, of St. Paul, Ind. Dr. Allen has adopted his suggestion as to the use of a metallic tube instead of a wooden one—but has not had it made in two pieces, and therefore does not withdraw the tube for two weeks; while Dr. Thompson withdrew the tube immediately, leaving the bullet for three weeks.

They both differ from M. Gerdy's plan, published in 1838, only in not applying liquor ammonia to denude the invaginated cutaneous surfaces to cause their adhesion; and his plan is generally regarded as inferior to the plan of Prof. Wutzer, who uses a wooden plug as large as the canal, and an outside wooden pad corresponding to the plug, by means of which an equable pressure is made upon part of the opposed surfaces of the invaginated sac so that they are made to adhere and obliterate the neck of the sac. Gerdy's plan, as well as Wertzer's, is said to have failed to close up the hernial passage, but the cases given by Dr. Thompsonand Dr. Allen seem to indicate that adhesion does take place around the entire

invaginated sac; and Dr. Allen's account of his results states clearly that the opposed surfaces of invaginated skin also adhere subsequent to the removal of the bullet and wire, nothing but a scar remaining to show the site of the introverted scrotal surface.

In respect to the restoration of the inguinal ring to its normal condition in which it gives support to the contents of the abdomen, these operations when successful are all inferior, in not closing the ring but the canal and often that only anteriorly, to that performed by Dr. Chisholm of South Carolina, in 1859; which unites the columns of the inguinal ring subcutaneously by silver wire which is left permanently. The patient being recumbent with empty bowels and reduced hernia, the shaved scrotum is pushed up through the canal to the internal ring by the finger, on which lies a stiff needle (five inches long, slightly curved at the point near which is the eye, with its base clasped by a handle to control it) which is pushed from within outwards through scrotum, conjoined tendon and internal column; the skin drawn towards the median line and pierced until the wire can be thrust into the eye and the needle drawn back, (leaving one end of the wire,) so as to pass it similarly through the external column and (after it is drawn outwards) the skin through the first puncture. The ends of the wire are then drawn, tearing the scrotal fascia, together not too tightly at the ring, twisted together, cut off and allowed to hide in the lymph, but no truss, is needed. If the ring is large, two sutures may be skin-puncture. Quiet for a few days to allow the wire to be imbedded in required.

The operation of Mr. Durham of London, consists of incision through the skin and tendon of the external oblique muscle, separation of the fibers of the internal oblique or cremaster muscle, and obliteration of the neck of the sac, and (except the portion occupied by the spermatic cord) the internal spermatic or propria fascia, by means of a ligature passed with an aneurism needle around it close to the internal ring and *lightly* tied. Six weeks recumbency is required. The case he so operated on at Guy's Hospital is reported to have been perfectly cured.

To decide the relative merits of these various operations, carefully prepared statistics based upon clear statements of the anatomical condition of the involved parts, in a greater number of cases, are necessary.

Dr. Allen should have given credit to prior operators; as his paper, to those not well versed in the literature of the operation, leaves the impression that it is an entirely original one with him.

The next paper entitled Experimental Inquiries concerning the Physiological Effects of Alcoholic Drinks on Man, by N. S. Davis, M. D.,

Chicago, is chiefly interesting for its sphygmographic tracings of the ordinary pulse of an individual in good health; and after taking four ounces of Bourbon whisky, four observations made at successive subsequent intervals of thirty minutes each; also the same series of observations at another time, the experiment being varied by the substitution of four ounces of Sherry wine. Prof. Davis claims, and gives diagrams representing sphygmometer lines, that the "qualities of the pulse are the same in kind, differing only in degree, in the two experiments;" that "each pulse expands the artery to a greater extent and more suddenly than before the alcoholic liquid was taken, and that the commencement of the contraction" was "equally more sudden, while the whole line becomes more wavy or irregular; thereby much resembling the *pulse lines* when the arterial coats are weakened by fatty degeneration: or in such diseases as are accompanied by enfeebled capillary circulation, like typhus and typhoid fevers;" indicating "retarded movement of blood in the capillaries, and consequent increased suddenness of expansion and contraction of the arterial trunks by the impulse of the heart." He concludes, hence, with respect to alcohol, that "its presence in the blood directly interferes with the normal play of vital affinities and cell action in such a manner as to diminish the rapidity of nutrition and disintegration, and consequently to diminish the dependent functions of elimination, calorification, and innervation; thereby making alcohol a positive organic sedative, instead of a diffusible stimulant:" and "that the alcohol itself acts in the system exclusively as a foreign substance, incapable of assimilation or decomposition by the vital functions, and is ultimately excreted or eliminated without chemical change." The latter conclusion he thinks established by the experiments of Messing in 1854, and confirmed by those of Lallemand, Perrin and Duroy in 1860. Prof. Davis admits that "the inferences to be drawn from the sphygmographic pulse lines, as connected with different physiological and pathological conditions of the human system, are yet imperfectly understood;" and it seems to be rather hasty to conclude that alcohol is a sedative, and remains alcohol in its entire passage through the system, based on two experiments, in the one of which the subject took four ounces of alcohol at a dose on an empty stomach, followed by *increased* rate of pulsations, accompanied by diminished temperature of only $\frac{3}{4}°$, as shown by a thermometer under the tongue with the mouth closed; while in the other experiment, "in all respects similar" but not stated to be in the same individual, after the administration of four ounces of Sherry wine, three and a half hours after dinner (when the temperature

of the body is generally declining) the pulse *diminished* seven beats in half an hour, while the temperature, similarly observed fell only $\frac{1}{2}$° in two hours. These experiments will hardly induce the profession to abandon its belief that alcohol is a stimulant to the arteries and largely disposed of as food in the system; since there is a difference in the pulse of twelve per minute between a standing and lying position; the attention and mental emotion consequent on the novelty of the observations with the instrument, would affect the circulation; there being an increase of the pulse during digestion, a declension naturally takes place after that process is over; some difference in the pulse might be caused by the different quality of food taken at the dinners previous to the two experiments: again there is a diurnal variation of nearly 1° in the temperature of the body in most persons, often greatest in the morning and consequently declining at night; while the repose necessary to make such observations as Prof. Davis made is favorable to a decline in both pulse and temperature, without making any account of changes in the temperature of the atmosphere which always affect somewhat that of the body. I entertain a high respect for Prof. Davis' ability and industry, but can not resist the conclusion that his moral feelings have carried him to conclusions based upon a very much too limited series of experiments. Mental emotion or the smoking of a unusual cigar will make, in some persons, great difference in the sphygmographic pulse lines, and their value as true indications, beyond the contractions of the arterial and cardiac muscular fibers is not yet settled.

The Report on Obstetrics, by Delaskie Miller, M. D., Chicago, follows. It is a collection of unusual cases reported by several practitioners. Dr. H. B. Buck reports a case of cross-presentation, in which delivery could only be effected, after disarticulation of the spinal column, by subsequent disarticulation of the right shoulder joint. Upon the *attempt to remove the placenta*, the cause of the difficulty was thought to be discovered, in an obstinate hour-glass contraction of the womb. Dr. G. C. Paoli reports a case in which the woman was delivered, without medical help, of a full-grown dead child, but died suddenly, at the moment of the expulsion of the child, from rupture of the uterus. The woman was dead before the doctor arrived, and no post mortem is alluded to. The same reporter gives an account of the delivery before his arrival, of a full grown child, in which case there was subsequently expelled a dead sixth-month fœtus in separate membranes, having no placenta or umbilical cord. Dr. David Dodge, of Chicago, reports an ovarian tumor cured by giving laxatives, and bromide, iodide and chlorate of potash, alternately in bitter tinctures, with counter-

irritation over the seat of the tumor. Prof. R. L. Rea, Chicago, reports a tumor of the right ovary cured by similar treatment continued several months. Dr. Delaskie Miller reports another case similarly treated, in which the growth of the tumor was arrested, and the patient became pregnant about nine months subsequently, and was delivered of one feeble, and one healthy child. After confinement the tumor had disappeared. He asks if the presence of the gravid uterus could have caused absorption of the tumor. Prof. Rea reports eight cases of pelvic cellulitis, five in married women, two in widows, and one in an unmarried woman. In two pus was discharged: one relapsed after two months: three followed replacing of the retroverted uterus by the uterine sound. In the unmarried one there was general peritonitis. He calls attention to the fact that pelvic cellulitis is not pelvic abscess, and can be cured by appropriate treatment. Prof. Ingals, of Chicago, writes emphatically against the unnecessary abuse of the speculum, and the fashion of pronouncing every enlarged or granulated condition of the os uteri, ulceration; since there is no loss of substance, or cicatrix when cured. Prof. J. A. Allen, of Chicago, writes that there is an increasing tendency to post partum hemorrhage and sub-involution of the uterus, which he attributes to deficient exercise and ventilation, high living, and vaginal injections of cold water, causing congestions of the womb.

An Essay on Drugs and Medicines, by P. H. Bailhache, M. D., Springfield, contains nothing not published heretofore, but has some data as to new remedies needed by those practitioners who have not access to the late publications.

The cause and treatment of Panniform Corneæ, occurring with Granular Opthalmia, by Joseph S. Hildreth, M. D., Chicago, ascribes these panniform opacities of the cornea to defective nutrition of the membrane, the vascularity being vicarious and reparative, at first: sometimes it is a disease itself by its permanence. The causes he divides into mechanical injuries, inflammatory action, and corneal anæsthesia. The latter is tested by touching with a camel's hair brush stripped dry, or a small roll of damp unsized paper. The failure of the pupil to respond to a solution of atropia (4 to 10 grs. to 1 oz.) is one of the frequent accompaniments. This he attributes to a general cachexia, "with or without a condition of the ciliary ring which, without intra-ocular tension, lessens delitability, and so depresses the nervous integrity of the cornea as to produce anæsthesia and impair its nutrition." To obviate this condition, as is most important, he advises that the pupil be kept dilated until corneal anæsthesia does not follow its suspension, and the full susceptibility of the iris

to atropia returns; taking care not to use more of it than is needed. He recommends division of the ciliary ring, when atropia fails to dilate the pupil or relieve the corneal anæsthesia. When the iris is adherent to the cornea or lens, the degree of anæsthesia of the cornea indicates the effects of atropia or an operation. As soon as the excitement caused by the operation (which is itself beneficial by hastening restoration of the panniform exudation) subsides, stimulating applications within the lids should be employed. He recommends the following R: Bromide of Ammonium dr. ss. to dr. j.; Tannin dr. j.; Glycerine (pure) oz. j.; to be applied to the conjunctiva, the lids being averted by a camel's hair brush; together with Red Precipitate grs. vj; Calomel grs. viij; Sulphate Zinc, grs. j; Camphor, gr. ij; Lard (fresh), oz. j. Put a piece twice the size of a hemp-seed within the lids every second day. When the panniform exudation is dense and firm the excision of a band of the conjunctiva, about the sixth of an inch in width, from immediately around the periphery of the cornea, is required. I have seen some bad cases cured without these dreaded operations; but this method may be superior. It is, however, a reproach to our science that such an inflammation with its products can not surely be removed without surgical interference.

The Report of the Committee on Surgery, by H. W. Davis, M. D., of Paris, is only partly published, and that published relates to the writer's personal observations as to attempts made in the direction of conservative surgery, in the Military Hospital at Jackson, Tenn. The points of interest are embraced in the following sentences: "I am convinced of the utter impossibility of removing a shaft of bone, or any part thereof, in recent cases, and leaving the periosteum, and of the certainty that the parts removed will be replaced by new bone, independent of aid from the investing membrane." "In old cases, when the bone has become secured * * while layer after layer of osseous matter was deposited over and around the diseased part, * * each was accomplished *without* the aid of the periosteum." When he says that bone can not be removed without removing also its periosteum, he speaks in contradiction of the published statements of many eminent surgeons to the positive fact that they have so repeatedly done. He thinks the tissues surrounding the bone, after the removal of the bone with its periosteum, reproduce a periosteal membrane that answers all required purposes; and alludes to several cases, in which more or less of the shaft of a bone was removed with the periosteum, in which reparation of the bone took place subsequently.

The Committee on Medical Specialties report favorably upon the cultivation of specialties, based upon a general medical education; and ap-

prove such an interpretation of sec. 3d, art. 1st. of the code of ethics as to allow the exclusive specialist to insert a card in secular papers naming his specialties as surgeons now do. Dr. David Prince, in a Minority Report, speaks against the usage of the profession which forbids a physician to consult with any one he pleases; and against the rule forbidding the patent-right of a surgical instrument. He thinks the present limits of advertising favor the old, to the detriment of young, physicians, in forbidding the publication of whatever *facts* of professional character each one's taste might incline him to.

Addison Niles, M. D., of Quincy, gives a description, with wood-cuts, of a pocket obstetric forceps, which he claims to be portable, easily introduced, not liable to bend or slip, able to hold the head firmly, and protected from exercising undue compression by a sliding pin. When blades and handles are joined, the instrument is sixteen inches long and weighs sixteen troy ounces. Three sets of blades fit one handle, they are one and a half inches wide, without fenestræ, concave to fit the head. The shorter are six and a half inches long, with cranial curve of ten inches diameter. The longer are seven inches long, with cranial curve of twelve inches diameter. These both have a pelvic curve to adapt them to the superior strait. The third set of blades, with no pelvic curve, are adapted to vertex and chin-to-sacrum face presentations. The sliding pin, as in Elliott's forceps, is between the handles, and regulates the amount of pressure possible with the blades. The lock is after the German, the blades longer with greater pelvic curve than Knight's, forceps. The instrument, it is claimed, can be used for rotation. It is manufactured by D. W. Kobbe, Philadelphia.

H. A. Johnson, M. D., Chicago, by thirteen wood-cuts represents tracings of dicrotic, typhoid, pneumonic, gastritic, rheumatic, contracted-aortic-opening, and cardiac-disease pulses. They can only be appreciated by being seen.

A Report on Plastic Surgery, by David Prince, M. D., Jacksonville, covering, with its index, 96 pages, closes the volume. This report has been issued in book form by Lindsay and Blakiston, Philadelphia, a copy of which has been received. The length and minutely descriptive character of its contents, relating as they do to the various plastic operations to remedy deformities, renders it necessary to defer its consideration to a future number. L. D. W.

The Transactions of the American Medical Association. Instituted 1847. Vol. XVIII., pp. 551. Philadelphia. Printed for the Association, 1867.

The National Congress of Physicians met May 7th, 1867, in Cincinnati, and a right good time of it the attending members appear to have had if one may judge by the resolutionary thankful state of the Society, near the close of its session, as recorded in the minutes of its proceedings. The resolutions alluded to, refer to the social enjoyments of the members, the opportunities for which were presented by the citizens and city of Cincinnati; but there are also other resolutions which intimate that the scientific and professional aspects of the Association were too much encroached upon by these social entertainments, and directing that in 1868, and every alternate year thereafter, until further order, the Association shall meet in the city of Washington, and whenever it shall meet there, the Committee of Arrangements are "strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its Sections."

This is as it should be, except that the order to the Committee of Arrangements should have covered every meeting of the Association wherever it may occur, and not alone those occurring at the City of Washington. Social entertainments, visits to interesting public and private institutions in the city where the meeting is held, and excursions to surrounding places of note or historic fame, are right and proper, have a high value as a part of the proceedings of the annual meetings of the Association, and should be cherished, but they should be held strictly subordinate to the more important scientific purposes of the Association.

The volume consists of 551 pages, and was published in September, several months earlier, relatively, than was the case with its immediate predecessors. For this result we give the Publishing Committee our heartiest commendation, and while we suppose some laggard authors of papers, and some procrastinating proof-readers, will grumble at the quick work of the Committee, we shall do what we can to sustain the Committee, and encourage to like earnestness in the future.

By an examination of the minutes, it appears that there were thirty-three addresses, reports, essays and papers, presented to the Association, of which twenty-two were published, and of the remaining eleven, some were incomplete, and their authors were requested to continue their labor and report to next meeting, some did not come within the rules for publishing

established by the Association, and the balance were omitted without any intimation of the cause.

The first of the papers published is the Address of the President, H. F. Askew, M. D., of Wilmington, Del. It is a manly, sensible review of the status of the profession, commending what is right, and suggesting methods of improvement for defects pointed out.

The next two papers were acted upon, and reported for publication by, the Section on Practical Medicine and Obstetrics. 1st. "Extra-Uterine Fœtation and Gestation, and the Early Signs which Characterize it; Symptoms of the Fatal Hemorrhage into the Peritoneal Cavity, and its usual Termination; Suggestions for the Positive Diagnosis of this Fœtal Condition; and a Plea for the Treatment indicated in it, with the view of saving the life of the woman." This is a long, elaborate, interesting and instructive paper, by Stephen Rodgers, M. D., of New York. It is based upon the idea that desperate diseases justify desperate remedies. Every obstetrical practitioner will be edified by a perusal of it. 2nd. "Remarks on Heart Diseases, as observed in the Military Service, from 1861 to 1865, inclusive." By M. K. Taylor, M. D., late U. S. V., of Keokuk, Iowa. Two hundred and thirteen cases of diseased heart observed in the service are analyzed, and the practical deductions will be as valuable in civil as in military practice.

From the Section on Meteorology, Medical Topography and Epidemic Diseases, but one paper was reported that was published, viz.: a long report on the "Meteorology, Medical Topography and Epidemic Diseases," of Illinois, by R. C. Hamill, M. D., of Chicago. A skeleton map of Chicago, and tables of meteorology and mortality of the same city, constitute a part of the report, the whole exhibiting much labor and painstaking.

Six contributions from the Section on Surgery, are published. Jos. S. Hildreth, M. D., of Chicago, furnished an effort to discriminate the diseased condition of the cornea, wherein belladonna is beneficial. Jas. M. Little, of New York, made a report on the practical use of Plaster of Paris in Surgery, neatly illustrated by nine figures. B. Howard, M. D., of New York, gave a short, valuable paper on "Ligation with Depletion of Varicose Veins of the Leg, with a case of radical Cure." One clear illustration. Prof. Willard Parker, of New York, made the report from the Committee, on the Ligation of the Subclavian Artery, a valuable tabular addition to surgical literature, giving a synopsis, more or less complete, of one hundred and ninety-six cases, all that the Committee could find recorded to date. Prof. Paul

F. Eve, of Nashville, made "A Contribution to the History of the Hip-Joint Operations performed during the late Civil War; being the Statistics of twenty cases of Amputation, and thirteen of Resections at this Articulation, in the Southern Service." Of the twenty amputations, four survived; fifteen died, and one uncertain. Of the thirteen resections five were successful, and eight died, showing that in these cases resections were much more successful than amputations. Prof. Geo. C. Blackman, of Cincinnati, contributed "A statistical table on Lumbar Colotomy (Amussat's Operation), for the relief of Non-congenital Intestinal Obstruction, and of Vesico-Intestinal Fistula." Prof. Blackman has performed this operation twice within two years, in both cases as a palliative treatment for the occlusion of the rectum by cancer. In this view the operations were successful, both patients being relieved of distressing symptoms, one surviving three and a quarter months, the other nine and a quarter months. Prof. Blackman's tables cover forty-five cases, and he reports a total of fifty-four cases.

No other Section reported any paper for publication, which may be taken as proof positive that some Sections did not act up to their highest privileges.

Dr. C. C. Cox, M. D., of Baltimore, Delegate to the British Medical Association, made a brief report of his agreeable reception by that body.

Next follows a "Report upon the Rank of the Naval Medical Staff," by Dr. Pinckney, U. S. N., exhibiting very clearly the necessity of some reform in that branch of the public service.

Then comes the "Report on American Medical Necrology," by C. C. Cox, M. D., of Maryland. Ninety-nine biographical notices of recently deceased physicians are given, many of them in a very imperfect manner; but how can any chairman of this Committee make a satisfactory report without much better assistance than Dr. Cox has received from the members of the Committee residing in the several States?

The next three reports are in relation to medical education; 1st by Prof. Gross, chairman of the Committee on Medical Education; 2nd by Prof. Stillé, President of the Conventions of Medical Teachers; and 3d, by Prof. Davis, chairman of the Committee to call a meeting of Delegates from the several Medical Colleges. All these papers should be read by every one interested in remedying the present imperfect method of medical teaching; and what physician is not?

Prof. A. C. Post, of New York, made the report of the Committee on Medical Literature, reciting the titles of the various American medical books and periodicals published during the year, making quite an exten-

sive catalogue. One is surprised to learn that there are thirty medical journals published in the United States.

The Report on Insanity, by Isaac Ray, M. D., late of Providence, R. I., is an excellent presentation of the subject, and was read to the Association in general meeting, and ordered published without being submitted to the Section on Psychology, a proceeding of doubtful propriety.

Five papers were referred to a special committee to report on their worthiness for publication. Of the five the committee recommended two for publication; 1st, An instructive report on Local Anæsthesia, by Ernest Krackowjser, M. D., of New York; and 2d, A paper on Epidemic Cholera; its Causes and the Means for its Prevention, by Elisha Harris, M. D., of New York. Dr. Harris' position on the Board of Health gives to his theorizing on Cholera a value beyond what would attach to it if he were only an ordinary practitioner of medicine, and he has made good use of his advantages.

Two Prize Essays complete the volume. The first is on "The Cause of Intermittent and Remittent Fevers," by J. R. Black, M. D., of Newark, Ohio. Dr. Black rejects the miasmatic theory, and ascribes the cause of these fevers to changes in the temperature and humidity of the atmosphere, thus reviving, in a modified form, a doctrine taught by the late Prof. Eli Ives, of New Haven, a third of a centnry ago, and still maintained by some of his pupils. The essay will be found decidedly interesting, whether the reader's views coincide with those of the author or not. The second Prize Essay was presented by M. A. Pallen, M. D., of St. Louis. It is on "The Treatment of Certain Abnormities of the Uterus," and is accompanied by eight plates of illustrations, five of which are handsomely colored. We scarcely recognize a clearer waste of money than that spent in illustrating and publishing such flatulent and impracticable ideas as make up this essay.

Taken altogether this volume of Transactions is the best the Association has issued for several years, and we are sure any medical man purchasing and reading it, will be satisfied with his investment. Many of the papers are complete monographs on the subjects they treat of, but our limits do not admit of a more extended review even of these articles which struck us as being most complete and important.

Any one can procure a copy of the Transactions by remitting five dollars to Wm. B. Atkinson, M. D., Permanent Secretary, 215 Spruce Street. Philadelphia. J. F. H.

Proceedings of the American Pharmaceutical Association, at the Fifteenth Annual Meeting, held at New York City, September, 1867—pp. 453. Published by the Association, 1867.

One hundred and twenty-one pages of the proceedings are taken up with the minutes of the meeting, the Association having secured the services of a phonographer to report its proceedings, a plan which we think it would be well for all associations of a like character to follow, for a precise and detailed report of the "sayings and doings" of an association of this kind adds much to the value of its volume of transactions. Members of societies—other than Pharmaceutical—sometimes talk at random, and the best remedy for this evil is, we believe, that suggested Dr. Squibb, to "make a man stand up for what he says, and he will be more careful next time, if he talks loose," besides it often happens that many more new and valuable items are brought out in the discussion of reports, than are contained in the reports themselves, and these can only be fully secured by a verbatim report of the discussions.

The consideration of the various questions coming before the Association seems to have been full and harmonious, and in that spirit of inquiry that advances the cause of science.

The report of the committee on the progress of Pharmacy covers one hundred and forty-five pages, and includes obituary notices, a list of publications, American and Foreign, on Chemistry, Pharmacy, and kindred subjects, together with brief notices of everything new published during the year on Pharmacy, Materia Medica, Medicinal Chemicals, Inorganic and Organic Chemistry, which furnish a mass of information that will save a vast deal of research, for those requiring information in relation to the progress of these branches of science, through the scientific journals published during the year.

The reports of the committees on the Drug Market and the Internal Revenue Law, show evidence of familiarity, on the part of those committees, with the subjects of their reports.

In the report of the delegates to the International Pharmaceutical Congress at Paris, it is stated that a majority of the members of the Congress believed in the feasibility of the project of making a universal Pharmacopœia for all nations. "The peculiarities of each country, it was believed, could be incorporated in an addendum or supplement, and in reference to the language, the *Latin* was suggested as the only feasible medium for all. One member proposed having it in all the principal languages, in one book (!)." When the question came for or against the

adoption of a universal Pharmacopœia, we are pleased to note that all the votes of the United States were cast against the adoption of the preposterous proposition. All the other votes, however, were cast in favor of it. It is with more satisfaction that we notice that the general opinion of the Congress was in favor of adopting the Metrical system, for no one can doubt that the cause of science would be greatly advanced by the adoption of a universal system of weights and measures.

The remainder of the volume is taken up with the report of the committee on Specimens, special and volunteer reports, the Constitution and Roll of Members.

The special and volunteer reports are usually brief and to the point, and indicate that the members of this Association do not so often write "*sans rime et sans raison*," as do those belonging to some other associations. These reports having reference chiefly to questions of interest only to practical Pharmaceutists and Chemists, we omit further notice of them.

In one particular, at least, we think our State Medical Society may desire a hint of practical value from the Pharmaceutical Association, whose constitution provides for a standing committee on Scientific Queries, whose duty it is to report "near the close of each annual meeting, a proper number of questions of scientific and practical interest, the answers to which may advance the interests of Pharmacy, and procure the acceptance of as many such questions for investigation as may be practicable," to be reported on at the next annual meeting. The committee this year propounded forty-six questions, all of which were accepted by various members for investigation and report at the next meeting. All of the special reports contained in this volume of the Transactions, are in answer to similar questions previously proposed, and from them comes its chief value.

If the State Medical Society made provision for obtaining similar short special reports on some of the many questions in practical medicine and surgery that might be proposed, we think its meetings would not only be more interesting, but that the value of its volume of transactions would be very greatly enhanced.

The volume is handsomely printed in large type, on good paper, and is a credit to the Association.

The next annual meeting will be held in Philadelphia, commencing on the second Tuesday of September next. J. R. W.

Lectures on the Diseases of Women. By CHARLES WEST, M. D. Third American from the Third and Revised London Edition. Philadelphia. Henry C. Lea. 1867. For sale by Rob't. Clark & Co., Cinn., O.

As the title page indicates, this is no new work. It comes to us as an old friend, albeit in a new dress. Something more than ten years since it was our lot to review the first edition of the work, and charmed by the elegance of its diction, and the plain and practical style of its teaching, we said some very flattering things of it. Looking over what we then wrote, and examining carefully the new edition, we are pleased to find that increased experience and further reading fully justifies, in our own mind, the high opinion then expressed, while, too, the profession has placed a far more valuable seal of approbation upon its merits.

In regard to the major controversy among gynæcologists—the relative importance of the local ailment as compared with constitutional derangement, and the consequent relative importance of local or constitutional treatment—Dr. West occupies a very conservative position. Perhaps we should say, if guided by our experience alone, that he is *too* conservative; yet it is well in medicine, as in politics and social science, to hear now and then the plain, outspoken expressions of honest conservatism. The charms of novelty, and the seductive attractions of apparent simplicity, too often lead astray in the direction of advance, and men are far more likely to find themselves obliged to retrace their steps and seek out the right path than to hasten their pace in order to keep up with the real progress of the age.

The subject of menorrhagia, as treated by the author, affords a fine illustration of the value, and indeed of the necessity, of seeking in the general system for the cause of the local disease. His remarks upon menorrhagia from constitutional causes, should be read by every student and borne in mind by every practitioner; they are in most striking contrast to the dictum of a recent popular work, in which we are told that all inveterate cases of this form of menstrual disturbance have a local organic origin. Yet one of the worst and most obstinate cases which ever fell under our care had a purely nervous origin! The patient, just as menstruation began, was unfortunately the witness of a most sad and fatal accident, which shocked her most profoundly; severe menorrhagia immediately began, and recurred again and again, although previously menstruation had been perfectly healthy. We are glad, then, we again say, to find the importance of other parts besides the sexual organs duly appreciated, and hope young practitioners will not neglect the author's lesson that:

"You are not to be specialists, even though chance should lead you to have most to do with one special class of ailments; but you are to be physicians, and in proportion as you learn to estimate aright the influence of the disorders of one part on the functions of another, will you be likely to prove good and successful practitioners in the treatment of even local diseases."—p. 54.

It is, of course, upon the subject of cervical inflammation and ulceration that Dr. West shows himself most strongly in contrast with what may be termed the *localists*. This subject was the theme of the Croonian lectures, delivered some time before the appearance of the first edition, and in them he gives cervical ulceration, and its effect upon the sexual and general health, a thorough anatomical, pathological, and clinical investigation, and gave, in detail, his reasons for dissenting from the doctrine then recently propounded that in this pathological condition was to be found the chief origin of woman's many ailments, whether constitutional or local. Into this subject we can not now enter, nor is it, perhaps, any longer necessary. As in all such controversies and discord of views time corrects the mischief which has been done by partiality, prejudgment of facts, and hasty generalization. It is doing it in this case, and the profession at large is rapidly taking position on that border territory existing between extreme views, in which truth is generally to be found. This much, however, may by fairly said, that no one can be said to have fully studied this subject who has not included in his reading the excellent lectures of our author.

Hæmatocele is one of the subjects to which far more space is devoted than in the former editions. We have more than double the number of pages upon this accident, which is not surprising, since scarcely more than fifteen years have elapsed since anything at all was known about it. The symptoms, progress, and differential diagnosis of the complaint are here well presented, and the different results of various measures of treatment shown by tables made up from the personal experience of the author and collected cases. There is not, however, that reference to the work of Goupil and Bernutz which we should have expected from their well-known labors in this field. In regard to the propriety of puncturing the collection of blood, or the advisability of trusting to the powers of absorption for its removal, we think we can not do better than to quote what is said, as an instance of the author's plain and direct manner, a characteristic which can not fail of being appreciated by the practitioner who turns to him for guidance in cases of doubt and difficulty:

"Weighing the results of my own experience with what I can gather from others, I would be disposed

Not to puncture the cyst—

"1st. So long as the effusion is recent, and there is, therefore, reasonable prospect of its being absorbed.

"2d. So long as the effusion, although of long standing, is in course of gradual, even though very slow diminution.

"3d. For so long as the periodical increase of the effusion coinciding with the return of a menstrual epoch, shows the cause which originally produced it to be still in operation.

I should puncture the cyst—

"1st. When a long standing effusion shows little or no disposition to become absorbed.

"2d. When the occurrence of rigors and the supervention of hectic symptoms prove suppuration to have taken place; and in such circumstances I should puncture through the abdominal walls, providing the swelling were not readily accessible by the vagnia."—p. 377.

We turned with no little interest to the subject of ovariotomy, because in the first edition of the work the author, after a most careful examination of the subject and an impartial summing up of the evidence, gave a decision unfavorable to the operation. During the time which has elapsed since then there has been an addition to our knowledge which can be termed nothing less than vast, and the additional evidence has been of such a nature that it could not fail to influence so candid a mind as Dr. West's. We find, therefore, as we expected, that he has abandoned his former position, like a true man of science, and taken up a new one where facts sustain him:

"I think, then, that we are now bound to admit ovariotomy as one of the legitimate operations of surgery; as holding out a prospect, and a daily brightening prospect, of escape from a painful and inevitable death, which at last, indeed, becomes welcome, only because the road that leads to it conducts the patient through such utter misery."—p. 482.

The whole subject of ovarian tumors and dropsy is most thoroughly treated, and especially in regard to the facts which have induced the change of opinion indicated. There are none of the questions relating to the subject which are not fully examined, and a decision clearly given, with the reasons for it, in such a manner as at once to delight and instruct. There are too many unsettled points relating to this interesting subject for us to enter upon, and we must forego the pleasure of making several quotations we had marked. One, however, upon the question of operating, we can not deny to our readers:

"Something, indeed I think much, of our conduct must be governed by the state of the patient's own mind and wishes; by the calmness with which she can regard the possible failure of the operation, and the sudden entering on the 'unknown land;' by the strength of the ties which bind her to the world and make her desirous to continue in it, and by the

spirit of hopefulness that may enable her to look beyond the risk of the few days, to the perfect health of future years which will be the reward of a successful venture. Dread of the issue is a bad state of the mind in which to undergo an operation of this magnitude; I am not sure but that indifference is still worse; I am quite certain that moral considerations must be weighed as much as those furnished by the character of the tumor, or the history of its growth."—p. 483.

In no department of medicine has there been so great an advance within recent years as in diseases of women, and this edition of Dr. West's work shows it, being brought, in every particular, up the times. We can cheerfully recommend it to our readers as a judicious and safe guide, a work in which they will find the valuable instruction of the practical physician, delivered in the clear language and with the grace of the scholar. R.

A Practical Treatise on Diseases of Children. By D. Francis Condie, M. D., etc., etc. Sixth edition, revised and enlarged. Philadelphia. Henry C. Lea. 1868.

This work has been too long before the profession to need any extended notice from us at this time. The high encomiums of the medical press and the general favor with which successive editions have been received, are assurances of its high character as a complete and excellent treatise upon the subject upon which it treats. The work has been thoroughly revised and many additions made, until it is now a volume of nearly eight hundred pages, and in it may be found everything necessary for either student or practitioner. It is a work which has succeeded in establishing itself in a high position in American medical literature.

For sale by Robert Clarke & Co., Cincinnati. Price $5.25.

CORRESPONDENCE.

LETTER FROM PHILADELPHIA.

Philadelphia, January 20, 1868.

Dear Journal:—It is a difficult matter to sit down, in the midst of a driving snow storm, such as rages to-day, and gather together sufficient material to make an interesting *medical* letter. But as man can not dictate to the weather clerk, and as that individual cares not one whit whether your ideas are clear or be-fogged on such a day as this, why I must perforce, accept the situation, and do the best I can under the circumstances.

I had designed in this letter to give your readers truthful sketches of the medical schools located in this city, thinking perhaps such might prove acceptable, but from unavoidable necessity, I am compelled to postpone this until a more convenient season. In one word, when I write this sketch, I wish it to be well and faithfully done, and not a mere outline—a mere something to furnish you copy—to fill your pages and nothing more. But I will refer, nevertheless, in this letter to the *two* colleges I had in view, but will do so but briefly in this.

Philadelphia offers advantages for obtaining a *complete* medical education, if not better than any other city in the Union, certainly not surpassed by any. Its colleges stand—I say it without fear of contradiction—better in the general estimation, at home and abroad, than those of any other city in the United States. From a personal experience, in Europe, I know that there are but few American colleges thought so much of—of those few are first, the University of Pennsylvania, second, the Jefferson College, both of Philadelphia. This is said without any city or State pride prejudicing me in my opinions and statement, for though an alumnus of one, (the University,) yet I am a native of neither city nor State, but hail from a far away section of our great country. The University of Pennsylvania is the oldest medical college in the United States, and when we glance around us now at the many institutions now granting—creditably too—diplomas in medicine, the University but stands to them as a father—rather I should say as a hen—for from beneath her sheltering wings the fledglings went forth and grew into mighty stature—so mighty indeed, that the shadow of one, now grown so large, is flung even into green of the old mother.

The University, consisting of an Academic and Law and Medical Department, consists of two University buildings, standing like twin brothers, in a spacious enclosure, on the west side of Ninth street, a few doors above Chestnut. It is said that on this very site, old Dr. Franklin, of whom we, all America—do I err in saying—the whole civilized world are proud of—him, the bottler of lightning, and the trifler, nay not trifler, but almost master of the subtle fluid, flew his kite, and gave to the world one of the grandest discoveries of the nineteenth century. Is not this alone, dear Journal, enough to hallow the ground, and is not this prestige enough *per se* to render the University immensely popular, aside from its intrinsic merits—its own well earned name—its own lofty status, among the medical institutions of which our country now boasts so many?

The session is well attended this year, the classes are large, and what is more to the purpose, is not composed of the riff-raff of days past, of the

long hair, the inevitable cigar, the swagger, the hickory-caned gentry, who once frequented the halls of the old college; and this is true likewise of the Jefferson College, to which I will refer in a few moments. Last year the University graduated a very large class, surpassing that of the Jefferson school, which heretofore had not been the case for a number of years I believe this year the number of matriculants is nearly the same, the Jefferson having a slight preponderance.

The University has a regularly organized Winter and Summer Faculty, and the facilities afforded in either course, Summer or Winter, are unsurpassed, and the teachings from either class of professors, could not be well improved upon. The college is now in its one hundred and second session, and those who first stood in the old halls and taught, are all passed away, and those who listened to their teachings, have gone likewise A sad thought, but the old college still rears its head and is in a grander and more glorious career of success than ever. Its professors, in the regular (Winter) course are, to wit:

Jos. Carson, M. D., Professor of Materia Medica and Pharmacy.
R. E. Rogers, M. D., " " Chemistry.
Jos. Leidy, M. D., " " Anatomy.
Henry H. Smith, M. D., " " Surgery.
F. Gurney Smith, M. D., " " Institutes of Medicine.
R. A. F. Penrose, M. D., " " Obstetrics, and Diseases of Women, etc.
Alfred Stillé, M. D., " " Practice of Medicine.
D. Hayes Agnew, M.D., " " Demonstrator of Anatomy.

Besides these, there are the following highly honored and celebrated names, names well known on the other side of the water, as well as in this land, so proud of them. They appear in the Emeritus list and are, to wit:

William Gibson, M. D., Emeritus Prof. of Surgery.
Geo. B. Wood, M. D., " " " Practice of Medicine.
Samuel Jackson, M. D., " " " Institutes of Medicine.
Hugh L. Hodge, M. D., " " " Obstetrics, etc.

The Summer faculty is as follows:

Prof. H. Allen, Zoology and Comparative Anatomy.
" H. C. Wood, Botany.
" F. V. Hayden, Geology and Mineralogy.
" H. Hartshorne, Hygiene.
" J. J. Reese, Medical Jurisprudence and Toxicology.

At a glance at the chairs as taught in the summer school, it will be seen of how much, aye even incalculable advantage, is such a course to a student *really* desirous of obtaining a first class medical education. There are very few schools of medicine in which botany, mineralogy, and geology are taught as separate branches. To get an insight into these all important studies, such grand adjuncts of the science of medicine, students generally are necessitated to spend a term or so at academic colleges—or to study the branches by themselves—in nine out of ten cases, badly studied, under such circumstances. The University should not only on this account be well patronized, but even from its opponents (or *rivals*, mayhap were a better word,) it should unhesitatingly receive the meed of merit.

The Emeritus professors mentioned, are now, all of them in the "sere and yellow leaf," nay in the midst of the very winter of life. Drs. Gibson and Jackson must each be over ninety. Charles Bell Gibson, lately Professor of Surgery in the Virginia Medical College, Richmond, was a son of Dr. William Gibson, of this city, and I think he was fifty-six years of age when he died, in April, 1865. By the by, Chas. Bell Gibson was an eminent surgeon. During the late war he affiliated strongly and unhesitatingly with the South; was appointed Surgeon General of the State of Virginia, and was afterward in the Confederate service made Medical Inspector General of Hospitals in Richmond. He died of pneumonia. Friends and foes politically, all gave him the high name of a gentleman of culture, a most learned and skillful surgeon, and a good man. Dr. Geo. B. Wood, is very feeble. He is now about seventy-five years old. It is impossible to reckon up his contributions to science. It is said he has performed his last literary work, and is now calmly waiting his time when the world will vanish from his gaze.

Old Dr. Jackson, the old man so well beloved, so dear to every student's heart, whose name is always mentioned by the roughest of them even, in a softened tone, in an affectionate tone, is now confined to his room. It is said that he has not been beyond the limits of his house for four years, and not beyond the walls of his chamber for two. A medical gentleman recently called on him, to pay his respects to him and to medical genius which still resides in that temple of thought, that lofty towering dome, hiding behind it those "thoughts that burn" even now. He described his interview with that grand, good old man, and mentioned that the veteran teacher remarked sadly to him, as he was about leaving, "This narrow apartment, doctor, has been my home for two long years—it is now—my *world!*" Yet his intellect is clear and powerful, his eye undimmed and his heart as big and as noble as ever.

Dr. Hodge, a more perfect gentleman, a nobler professor, and a kinder heart, was never made, is now reposing on the laurels reaped from a long, active, and brilliant, professional career. He is now nearly blind, and it makes one's heart sad to see him. Around those four aged professors are clustered the precious memory of many who sat under their teaching, and their names are revered by thousands who now, often in the midst of their professional cares, have time to pause and think of them. Depend upon it, there are many wreaths of ivy wove to their memory, and hung up in the halls of affection.

The Jefferson school stands on Tenth street, between Chestnut and Walnut. It is a handsome building, and one admirably adapted to its uses and purposes. The Jefferson school is much younger than the University, but it has grown rapidly, nourished as it has been on the rich fat of popularity and prosperity. It is a noble college, and boasts a noble faculty, nearly all of whom have carved for themselves names high in the halls of learning. The regular faculty is as follows:

Chas. D. Meigs, Emeritus Professor of Obstetrics, etc.

Robley Dunglinson, Professor of Institutes of Medicine, etc.
Jos. Pancoast, " " General and Surgical Anatomy, etc.
S. D. Gross, " " Surgery.
S. H. Dickson, " " Practice of Medicine.
E. Wallace, " " Obstetrics, etc., etc.
B. Howard Rand, " " Chemistry.
J. B. Biddle, " " Mat. Med. and Gen. Therapeutics.
J. M. Da Costa, M. D., Lecturer on Clinical Medicine.
W. H. Pancoast, Adjt. Prof. and Demonstrator of Anatomy.

This is a strong faculty. Would we be invidious in selecting from that four gentlemen and mentioning that their names alone would support the college, viz: Samuel D. Gross, Robley Dunglinson, S. H. Dickson, and Joseph Pancoast? We think we can venture on that assertion. The Summer Faculty in this school is to—wit:

Prof. S. D. Gross, Clinical Surgery.
" E. Wallace, Diseases of Women and Children.
" B. H. Rand, Chemical Toxicology.
" Biddle, Materia Medica and Therapeutics.
Dr. J. M. Da Costa, Clinical Medicine.
Dr. W. H. Pancoast, Visceral and Surgical Anatomy.
Dr. J. B. Brinton, Operative and Minor Surgery.
Dr. F. F. Maury, Venereal Diseases.
Dr. W. W. Keen, Pathological Anatomy.

Old Dr. Meigs is still very sprightly and lively, occasionally writes, and is said to be revising his entire works. There is some talk, or there *was* some talk about the removal of Jefferson College to another part of the city, but I can trace the report to no authentic source, and therefore discredit it; in fact, the rumor has ceased to exist. The college was thoroughly repaired at the beginning of the last session.

There is another college in this city endowed by Dr. Geo. B. Wood. I think it is called the Mütter College. Of its workings I know but little, but will inform myself. I think, however, it is a subsidiary establishment, but to what I know not. The Philadelphia School of Medicine, formerly located on Fifth street, has some time since passed out of existence; perhaps "it was all for the best." The Pennsylvania College, located of old on Ninth street, has likewise given up the ghost. This is to be regretted, inasmuch as it possessed really the finest college building in Philadelphia, had a fine faculty, and was a first class school. Frank Gurney Smith, now of the University, was one of its old faculty. This building, worthy of a better cause, is now occupied by the wise ones—those who garner from all quarters—those who reject no absurdities—those who endeavor to suit every taste, by practising every quirk and twaddle of the profession—those who advertise their ear clinics, and herald wonderful cures, bordering on the marvellous—I mean the *Eclectics*—"so called." O them, however, in honesty and in duty bound, I humbly cry *peccavi!* and have done! Besides these there are two other Schools of Medicine, such as they are; the first the Female College of Medicine, and the other the Homœopathic College. Both boast a considerable number of students, but of them and on them I can waste no more talk, and—paper. In my next letter I will describe the different Hospitals, and places where clinical teaching may be obtained. I have ample material for a dozen interesting letters, but fearing I may encroach on space to be occupied by more valuable matter, I must close. Before I do so, however, let me state that the JOURNAL is most kindly received here, and every one remarks, not only its choice articles and selections, its able editorials and resumés, but likewise the beautiful paper, the faultless typography, and the elegant attractive appearance it makes altogether.

Very truly yours, WM. MASON TURNER, M. D.
1428 North Seventh street.

LIMA, O., January 20, 1868.

EDITORS WESTERN JOURNAL.—By request of Dr. Neff, one of your subscribers, I send you a short account of professional matters here.

This county (Allen) has been settled about thirty-six years, the county seat, Lima, having nearly 5,000 inhabitants. There has never been any lack for doctors in the town, there being, at the present time, twelve, all told, eight of whom are regulars, and members of the county society.

Among the irregulars we have a "contraband," whose color and impudence supplies the place of education and skill, in the estimation of the credulous, superstitious part of the community. This has always been a fine field for irregulars of every variety, as well as for those *distinguished* physicians "hailing" from the large cities of this and the "old country;" Indian doctors, charm doctors, &c., who travel from place to place to place in order to afford a greater number of suffering mankind the benefit of their invaluable and unparalleled knowledge and experience.

This has been mainly owing to a want of union and harmony in the regular profession, and also to some peculiar views held by a portion of the community as to the relative value of pompous pretension, extravagant assertions, etc., and the unpretending, unassuming course pursued by the conscientious physician.

There has never been a medical society in the county till lately, although an attempt was made, a few years ago, which was an entire failure. Feeling the necessity of some association which would unite, strengthen and elevate the profession, we effected an organization last May, electing Dr. McHenry, who has practised here for thirty-three years, President. We organized as auxiliary to the State Society, and adopted the Code of Ethics of the American Medical Association. We meet monthly and number twenty-five members, which are nearly all that reside near enough to participate. Our meetings have been well attended and interesting, having had an essay read at each meeting, followed by a discussion on some practical subject previously selected, reports of cases, etc. Special committees have been appointed on each of the divisions of the science of medicine, whose province it is to report anything new or important in their respective branches.

At our last meeting, January 7, a practical paper on cutaneous diseases was read, viewing the majority of diseases of that class as constitutional and caused by mal-assimilation and nutrition, and, of course, requiring an efficient and persistent course of constitutional treatment.

Dr. S. A. Baxter will read a paper entitled "Observations on Hospital practice," at the next meeting. Subject for discussion, "Pneumonia and its treatment." Dr. Thrift will report on the Physiology of Mesmerism. I am, Sir, yours respectfully,

S. B. HINER, M. D.,
Secretary Allen County Medical Society.

EDITOR WESTERN JOURNAL.—Your Journal for December, 1867, contains a report of the proceedings of the Fountain County Medical Society, and, among other matters, a report of a Committee on Impostures and Criminal Abortions, &c. They recommend that the State and County Medical Societies take action on the subject, and bring it before the Legislature.

The State Medical Society is now a delegate society; and the following county societies only have made themselves tributary to it, by so resolving and reporting the fact to the Secretary with the list of names and locations of their members: Henry, Blackford, Howard, Warren, Clark, Marion, St. Joseph, Union (Henry, Rush and Hancock), Tippecanoe, Hendricks, Delaware, Wayne, Dearborn, Grant, Boone, Allen and Madison. Huntington, Wabash, Rush, White and Johnson County Medical Societies sent delegates last year, but have never furnished their list of members and locations.

If the county societies desire or expect the State Society to accomplish anything worthy of its name, I think it nothing more than proper to remind them that the influence of the State Society will be largely owing to its fully representing the entire profession of the State.

L. D. WATERMAN, M. D.,
Secretary Indiana State Society.

MISCELLANY.

The Rinderpest, or Black Death of Neat Cattle. Translated from the German of Dr. WALDS, Russian Counselor, by Prof. JOHN R. REUBELT, D. D., Greencastle, Ind.

This terrible scourge has now been known to Europe for nearly fifteen centuries, having been carried, toward the close of the fourth century, to western Europe through the savage hordes that came from the southeast; at its first appearance it destroyed nearly all the cattle of the infected countries. Its second appearance it made during the reign of Charlemagne, by whose many campaigns it was spread over the greater portion of Europe; and from that time on there has scarcely been any war in Europe whose ravages and horrors were not increased by those of the rinderpest. Everything that is horrible in any other plague, meets

in the most intensified form in this scourge of domestic animals, it being infectious to an unparalleled degree, almost invariably fatal, and all remedies used against it having, thus far, uniformly and completely failed. When it breaks out in a country that has been free from it for some time, 99 per cent. of all the cattle die, and only after its ravages have lasted for some time, from 15 to 20 per cent. survive. As it is still as malignant as ever, and as its ravages have carried off, within a few years, the larger portion of the cattle in England and Holland, from which latter country it threatens our western frontiers (Prussia), it may be well to call the attention of the authorities and of the public at large to it; for only by combined efforts, in the right direction, it can be kept out, or its spread prevented. It is proposed to exclude from the following sketch everything that is in the least doubtful, and to take only generally admitted and well established facts, since error is here by no means harmless, but attended by the most fatal consequences, as will appear from our statements.

The rinderpest, then, is an infectious disease of horned cattle, that has its proper home in the south-eastern countries of Europe and the adjoining steppes of Asia, i. e. in the countries washed by the Volga, the Don, the Dniester and the Dnieper. It is engendered by unknown causes among the so-called steppe-cattle, and by it spread over the countries of Europe. It is now universally admitted that outside of its original home it is nowhere else bred, and when it appears in middle, western, or southern Europe, it is because it has been imported there. All kinds of horned cattle of Europe have a remarkable predisposition to it, even more so than the steppe-cattle. Other ruminating animals, as the sheep and the goat, are also subject to it, but not to that extent as horned cattle. To all other animals and to man it is perfectly harmless.

It is of the utmost importance to know that the medical profession knows, as yet, no remedy that avails anything against it, all vaunted nostra of learned and unlearned quacks having uniformly proved abortive, and only increased the danger by prolonging its ravages in the infected localities. Whoever feels himself called upon to experiment in this terrible disease, ought to do it, therefore, in its original home, where alone it can be done with comparative safety.

Of all infectious diseases known, rinderpest is the most infectious. The diseased matter is distributed over every part of the animal, is ejected both by its breath and sweat, is contained in all its excrements and ejections, poisons the atmosphere far and wide, being often carried by the wind to a distance of several hundred feet, and sticks readily to all po-

rous substances, as hay, straw, hair, fur, feathers, clothing, clay walls, etc. Although it is gradually destroyed by the action of the open air, yet there are instances known that sound cattle were infected by being driven on a road on which the day before disease cattle had been driven. For even in the very first stages of the disease, when its presence is scarcely or not at all known, the excrements and other ejections of the diseased animal are highly infectious. Yea, the presence of the diseased animal is not even necessary to spread the disease, as this can be done by the man, also, who comes into contact with it; dogs also, poultry, dung, wool, etc., from infected localities, are known to have spread the disease; but extraordinarily dangerous are railroad cars, in which steppe-cattle have been transported, and stalls wherein such cattle have been kept. Through hides also, flesh and horns conveyed by railroads or boats, the disease has been carried to far distant countries.

The most important points are, accordingly:

1. The rinderpest is, outside of its original home, nowhere else self-engendering, is, consequently, imported, wherever it makes its appearance.

2. It is incurable.

3. Being so highly infectious, every hour that it is permitted to remain in a locality increases its danger infinitely.

From these well established points it is self-evident that the danger can be averted from any locality, where the disease shows itself, only by instantly killing not only the diseased animals, but also all those that have been in any contact whatsoever with them.

The successive stages of the disease are as follows:

The first symptoms of the disease are loss of appetite, increased thirst, stopped rumination and symptoms of fear, chills followed by heat.

Milch cows cease of a sudden to give any more milk.

Then follows a short, hoarse coughing, terminating in a short, dull moaning.

The pituitary membranes are inflamed, the eyes turn red and glossy, and a strong diarrhea, without offensive discharges, sets in. Continued discharges from the nose and of saliva. The animal becomes extremely sensitive of any pressure, especially on its back, the hair stands erect and falls out, eating and ruminating cease altogether. On the third day of the disease all these symptoms are fully developed; the eye lies deep in its socket, the discharges from the nose and the eyes become slimy; the feebleness increases, and the animal shows a restlessness and fear extremely painful, as its plaintive look, anxious listening, hard breathing

and quivering indicate. Death ensues, generally, between the fifth and the seventh day.

In order to afford effective protection against the spread of the disease, not only all owners of cattle, but the whole population of the district must toke a deep interest in the matter. Every owner of cattle might, of course, protect himself by stopping all intercourse under any form and shape whatsoever with those around him, but this is extremely difficult, if not impossible, without a general co-operation. The private individual must see to it that absolutely no stranger comes to his cattle, nor any domestic animal whatsoever; nor must he or the members of his family go to other stables, especially in infected districts. That he must not buy any cattle nor feed of any kind while the plague rages in the neighborhood, is a matter of course.

In order to make a strict carrying out of these measures possible, it is necessary and to be prescribed by law, that owners and overseers of cattle, living within two miles of an infected locality or from the frontiers of the infected country, report every symptom of disease of their cattle, at once, to the proper authority. In addition to this, inspectors of cattle are appointed for every village or city exposed to the attack of the plague, whose duty it is to examine daily every stable in the locality, and to see to it, that diseased cattle be at once separated from the sound. They must, moreover, be present at the killing of every head of cattle, and have everything destroyed that looks in the least suspicious.

Whenever an individual animal, shows any of the symptoms of disease, it must at once be isolated by taking all the other animals forthwith out of the stable and lodging them in small parties elsewhere. The diseased animal must at once be killed, its hide be made useless by cutting it all over and then be buried, at least eight feet deep, in the ground, and be covered over with unslacked lime. If the disease was far developed, it is safest to kill the other animals, too, that were in the same stable.

Whenever the disease appears in three stables in a village or district, said village or district is at once to be cut off from all intercourse with the outside world, both as to men, animals, and things. Roads and post-routes leading through the infected locality are changed, and only clergymen, physicians, and midwives are allowed to go in and out, when absolutely necessary.

Provisions, and other necessary articles, are brought to the villages by persons appointed for this purpose from without, but these articles are laid down about one hundred yards outside of the village, and can be taken away only after these messengers are gone. Fairs, and all meetings in

the neighborhood of the village, are forbidden. To conceal the presence of the disease, or to attempt to cure it, is forbidden on severe penalties, amounting to even four years imprisonment in a penitentiary.

The loss of the cattle that die of the disease or are killed when diseased, is, of course, borne by the owner; but for the other cattle that are killed for prudential reasons, he is indemnified to their full value by the State.

The correctness of this view and of the measures based upon it, have been abundantly demonstrated by experience. As late as in the last century, when these measures were but imperfectly carried out, the plague continued its ravages in every district which it visited for years, and spread, moreover, over many adjoining conntries, where nearly all cattle were destroyed. So, e. gr., in 1711, when the plague spread from Hungary and Poland to Silesia, Bohemia, Southern Germany, and thence to Lombardy. In the same year it reached also Naples, while it was kept out of the States of the Church for some time by introducing stringent measures. In the North it spread over Russia, along the shores of the Baltic as far as Holstein and Denmark, and destroyed almost every head of cattle. In the single province of Holland, in the Netherlands, 200,000 head perished. In 1713 it crossed over to England, but was stopped by the instantaneous killing of 6000 head. 1,500,000 head are said to have perished in the infected countries.

In 1728 it appeared again, destroyed almost all cattle in Saxony and Prussia, and spread again as far as Italy; in the following year it destroyed all cattle in the Baltic provinces of Russia, Eastern Prussia, Denmark, England, Holland, and Central Germany; in 1745, '48, and '50, it appeared again in Eastern Prussia and Denmark with equally fearful ravages. So it continued during the second half of the last century, keeping the enfeebled countries in constant dread and poverty.

Only after the issue of the patent of 1803, and especially after the Napoleonic wars, a lasting change for the better took place. The plague continued, indeed, to be imported, as heretofore, from adjoining countries, as e. gr., in the district of Oppen alone, seventeen times from 1828 to 1845; but in no case were its ravages considerable, as by a strict carrying out of the measures named, the evil was speedily killed off, and its spread prevented. From 1855 to 1864 the plague was twice imported into Russia, and 3233 head of cattle were killed in consequence thereof. The costs of indemnification amounted to 94,000 thalers, and Prussia protected in this way not only her own countries, but became also the safeguard for the east of Europe.

Holland, on the other hand, which did not see fit to adopt the only correct principle, but relied on quackery, sustained, in 1865 alone, a loss of cattle valued at $2,000,000. In England, whither the plague was imported from Reval, similar measures were introduced, although rather late, when the plague had destroyed, in one year, 250,000 head of cattle. During the winter of 1865 and 1866, there perished in some weeks 10,000 head a week, and the direct and indirect loss is already estimated at £25,000,000. As a good deal of quackery was done, there was ample opportunity of seeing the malignity of the disease. In some localities 80, in others 94 per cent. perished.

In conclusion, we give a few instances, showing the extreme infectiousness of the plague.

In a country seat in Rees, the plague attacked the cattle (31 head), having been carried there by workmen, whose clothes had caught the poison on railroad cars, coming there to drink. The servants of a widow Pelmser had looked at the diseased cattle of a neighbor, and a few days afterwards the cattle of Mrs. Pelmser were attacked by the disease.

The son of a neighboring farmer had several times met with the servants of Mrs. Pelmser in a tavern, and this was sufficient to infect his father's cattle.

One more question remains before this sketch is brought to a close, viz: if the disease itself can not be cured, is there no preventive no preservative against the approaching plague? This question can not yet be satisfactorily answered, but the following has been done in Poland, and also in Holland, with apparently the best effect. A tea-cup full of the following fluid was daily poured on the floor of the stable, in four places, before the heads of the cattle, and set on fire, after the windows and doors had been closed. Liquor cupri perclorati concente uncias, 2; chloroform unciam, 1; spiritus vini uncias, 24. As matters, however, now stand, the strictest carrying out of the before mentioned quarantine measures is the main point.

Importance to the Physician of the Study of Chemistry.

It is not very long ago since we heard one of the most brilliant of living pathologists remark that he regretted that he had spent so much time in microscopical research to the exclusion of chemical research. He added that "chemistry held the key of the medicine of the future," and he implied that if he had spent the many years employed in slicing kidneys, making sections of livers, in mincing up brains, and recording *post-mortem* appearances in chemical analyses, he would have been more able to restore the sick to health, and to prevent the healthy succumbing to disease.

The chemical changes in the living body are different to the chemical changes in the corpse, and as death is the absence of vital force and disease is a deficiency of it, so the nearer the chemical decompositions of the body approach to the living or the dead standard, so sways the balance towards life or death.

Whether disease is the result of an absence, or of an excess of certain elements in the frame, chemistry alone can tell.

Dead body slicing has had its innings, and it has been found a broken reed for the prevention of disease, and a promoter of nothing but heavy books, containing contradictory descriptions of diseased conditions.

Many general practitioners have but a cloudy idea of what chemistry can do for the science and the practice of the healing art. This arises from an imperfect system of medical education which gives the first place to "Inutility," the second to "Verbosity," and the third to "Stupidity," while "Practical Knowledge, "Original Research," and "Knowledge of the action of Drugs," are nowhere in the race.

Without chemical knowledge we can know nothing of the action of drugs on the living body.

Do we find out from a *post-mortem* examination that iodide of potassium will cause reduction of a Derbyshire neck? Or does the ruptured spleen of an ague patient point to quinine or arsenic as a remedy?

If the consummation of our skill is reached by pandering to the curiosity of morbid anatomists, then are we of the profession not unlike vultures flying round a shamble, or crows picking at a dung heap.

But if our object is to prevent death and to lengthen life to the utmost limit permitted to mortals, then must we cast away the old-fashioned *dicta* and the wise saws of the old women of medicine who prate eternally in the stereotyped utterances of a by-gone age.

The profession has worn the old garments of the departed heads of the profession long enough. The sun of modern science lights up the threadbare, well worn spots. Our medical edifice must be built anew, for no tinkering of theories can hide the chaotic confusion of our Text-books and our Monographs.—*London Medical Mirror, December 1st.*, 1867.

Photographs.—The London Medical Times and Gazette, of a recent date, in noticing a series of medical photographs published in London, says:

"The wise ancients forbade that any man should be called happy until he was dead and buried. We say, as a parallel *dictum*, or *mot*, or *saw*, or *saga*, call no man handsome till he has been photographed. Of course, the photographic artist is responsible for a great deal. He may simply blast you with excess of light; may hide all features in one bright glare, as if he were photographing a delf plate, leaving eyes and mouth as black spots punched out in cardboard. But be the merits or demerits of the photographer what they may, although he may do the best possible for a face like a dumpling, or the worst with the features of a philosopher, yet he can not turn out a very good portrait unless he have a very good sitter; and what a test of character is the simple operation of sitting to be photographed! It is only straightforward, self-reliant men who enable the

artist to turn out a really well-posed portrait—easy, unaffected, and in thorough equilibrium and repose. On the other hand, a distressing self-consciousness and want of ease seems to haunt many a sitter. They can not be content without trying to put on something better, or wiser, or pleasanter than the look into which habit has set their features. May we reckon up anatomically the various mechanical devices for improving the features? An air of pomposity, meant for dignity, is got by the *levator menti*, which lifts the chin, and protrudes the lower lip; firmness by the *orbicularis oris;* sagacity by the *corrugator supercilii;* the stereotyped smile of the actress by the *zygomatici;* a look of pensiveness by the inner fibres of the *occipito-frontalis;* and of piety by the *depressor labii superioris*, which brings down the upper lip, whilst the chin is pulled down a little by the diagastric."

What is Dyspepsia?—A celebrated gastronomic writer has defined it—with more humor than truth—to be the "ingratitude of the stomach."

An Old Accoucheur.—Coleridge says, in his Table Talk, "I think there are only two things wanting to justify a surgeon in performing the Cæsarian operation; first, that he should possess infallible knowledge of his art, and, secondly, that he should be infallibly certain that he is infallible."

EDITORIAL AND MEDICAL NEWS.

To conduct a medical journal so that the approval of all its readers may be received, is by no means the easiest task which a physician can undertake.

The editor of such a publication must consult the diverse desires and needs of several hundred individuals; he must enlist the pens of those who from knowledge, large experience, or reflection, are peculiarly qualified to impart valuable instruction; he must be himself a most industrious student, as well as a cursory reader of very many things both in manuscript and in print, which he has neither the time nor the desire thoroughly to investigate, and also now and then must take the responsibility of receiving this article, rejecting that, or altering a third, knowing all the while that in each instance he is liable to give offence, no matter what his decision, to one or another, and these oftentimes his personal friends.

We believe the first element of successful medical journalism, is the securing of able contributors; and here we can not help expressing our gratitude to such men as ————, we had almost written their names—whose contributions have enriched the pages of the WESTERN JOUR-

NAL, and congratulating our readers upon having such efforts presented them, and also assuring them that what has been in this regard, is but an earnest of what shall be.

But whatever editorial industry and zeal, and whatever the value of contributed labor, it is utterly impossible to always escape criticism on the part of some, or even downright condemnation on the part of others. And we most readily appreciate this truth when we remember that there are diversities of opinion as to what a medical journal should be. For example, one wants a receipt book—a volume of medical *formulæ;* another looks for the cut and thrust, and listens for the rifle-ring and cannon-thunder of polemic literature—expects a medical journal to be a piece of powerful enginery for the destruction of all quackeries; a third, happening to be an amaurotic worshipper of "the dead past," has no patience with new theories, new modes of practice and new therapeutic agents, while a fourth is vexed if all the medical novelties which a prolific age produces, are not duly heralded and applauded; one wants the blunders of this practitioner, or the dereliction from duty of that one, held up for public reprobation, and wishes the editor to sit in judgment, that is, provided his decision should be in accordance with his own preconceived views—if it should be adverse, then the editor himself is little better, if not absolutely worse, than the alleged erring brother. And thus we might enlarge upon the various views as to the functions of a medical journal, that are held by different individuals.

In our own conception of the character of a medical publication, we utterly ignore some of these views, and only partially accept any of them. We believe a medical journal should be a *bulletin* of medical progress both at home and abroad, an *observer* and a *record* of important medical facts and occurrences; it should be a medium of communication between different and even distant physicians, their experience and observations compared and made of mutual value—often too, thus incidentally, strong personal attachments are formed; it should be a teacher of a thorougher knowledge of disease and of more valuable therapeutics; it should inculcate the importance not only of diligent professional study, but also of such philosophic attainments as shall strengthen and enlighten the medical mind for the investigation of the abstruse problems which beset it on every hand, and of such literary culture as give grace and beauty to the best intellects, and greatly facilitate the communication either orally or with the pen, of our experiences and of our reflections to others—the physician should live as a freeman in many of the fields of philosophy and literature. Nor do we believe the medical journalist can attain his best

and truest ideal, without urging, as occasion may offer, the culture of the spiritual man, the moral element of human nature. This spiritual existence within us, this moral element so often in the physician tempted and tried, in peculiar ways and with peculiar force, sometimes falling or seeming to fall it may be, but if true to duty like the staunch ship, one moment riding the billow's crest, the next sinking with "the dread sweep of the down-streaming sea," but the next climbing the watery heights and steadily keeping her course despite the madness of wind and wave, it will battle its way over all obstacles to a higher life—this spiritual element, we claim, demands of the physician the most watchful care and culture. We believe the obtaining of an honest livelihood is the duty of every practitioner, and so too his growth in professional knowledge; we believe too, that the relief of physical suffering and the cure of disease are a noble, god-like work, but if we limit our life to these ends, we have neither completed our duties, nor compassed our privileges. Let us be enriched with knowledge; let our hands be quick to care for the sick; let our possessions be tens of thousands or hundreds of thousands; let our names be held in honor and our reputations transgress the mountains and the sea—all of these things do not of themselves constitute a successful professional life. If the years do not witness our constant advance towards a higher standard of moral excellence; if we have no increasing nobility of nature, and if our souls do not grow God-ward, having a larger love, a more patient charity, and higher aspirations—then neither is consecrated duty completed, nor one of our best professional privileges attained, for it is to be accounted one of the blessings of the medical life that he who faithfully pursues it is exalted in all the highest elements of manhood by this pursuit.

Such very briefly and hurriedly presented are some of our conceptions as to the office of a medical journal; and unto the attainment of this ideal, life continued and strength given us, we propose to devote our earnest efforts.

But all these efforts will be in vain without the continued, generous assistance of those friends who have helped us so much hitherto. And from these, criticisms and suggestions will always be gratefully received. But with the fault-finding which springs from personal feeling, whether of envy or hate towards any one, we have neither the leisure nor the disposition to dispute; nay, we will not even commend to such a querulous grumbler the lines found under the representations of the *rosemary* in old *herbals:*

Sus apage! Haud tibi spiro,

but leave him in silence to the attainment of a better mind.

From a medical friend in Ohio, one whom we only know by an occasional right genial letter, we have just received a gentle criticism, and this we now present our readers, craving the author's pardon for this liberty, and also premising that while Virgil and Homer alike sustain him in his view, yet the examination of almost any *classical dictionary* will show that Charybdis was by some considered as composed of rocks as well as Scylla: nevertheless, we will not contend against his classic lore, but humbly acknowledge the justice of his criticism.

JANUARY 22, 1868.

MY DEAR DOCTOR:—I can not omit an expression of pain at seeing your last issue soiled with an atrabiliary and splenetic flux, directed against a much abused and not adequately appreciated class of *collaborators*, in the literature of "our noble art." You are too stringent. I protest, in their behalf, against the imposition of unreasonable requirements. Nothing, certainly, but unduly extravagant views of education, or a reprehensible vanity of your own parts, could dare to strangle their mental parturition with the "*enclavement*" of syntaxical, orthographic, and rhetorical constrictions. What (to a great mind) are deficiencies of grammar, faulty orthography, confused ideas, and a tangled manner of projecting itself into print? Do you not know that genius regards these trifles with contempt? You must overcome this narrowness or lose many contributors.

To indulge another by-the-way, I was glad to see you stick a pin in the right spot for the blundering quill-driver of the New York Medical Record. Served him right—no business to nod! But, *certes*, has not *our* Homer nodded (only *a leetle*) in his figure of Scylla and Charybdis? "INCIDIT IN SCYLLAM, *qui vult vitare Charybdim.*"—*Latin proverb.*

And again—

(Charybdis)— * * *Imo barathri ter gurgite vastos,*
SORBET *in abruptum fluctus* * * * *
At Scyllam cæsis cohibet spelunca latebris,
Ora exsertantem, et naves in saxa trahentem·
Æneid, Lib. III.

It was (was it not?) a dread of being *sucked* in by Charybdis, if not demolished "against" Scylla, that led the brave and pious Æneas to slip the tumultuous Straits of Pelorus, and tack down the eastern coast of Sicily? How can a critic be so thoughtless?

Confidentially, *even I* am not always so profound, accurate, and start-

ling, though wonderfully brilliant when newly brushed up. This little admission ought to encourage you, though I would not, for the life of me have it talked about! After all, your *lapsus* is not much:—*id nugatorium est, de scrupolosa rei accuratione:* so a truce, if you "acknowledge the corn." But "on such a subject and from such a pen," you know? Do not do it again!

Alas! how is it possible to be always critically correct, even in criticising others? For my part I cry *peccavi*, and roar for mercy in advance. I should stop at no price could some literary Pope grant a perpetual, double-geared dispensation, indestructible by time, and operating backwards and forwards with the same efficacious looseness. What a thing it would be! One might then immolate text-books and standards, defy the canons, scribble away and scowl critics into pusillanimous dread and cringing self-contempt. But there is too much conservatism for so radical a reform. Still, I am not without hope, as I hear of some (do you know any?) who would like to see it.

Seriously, the *lapsus* of the Record was surprising, and not calculated to correct impressions of the unscholarly character of our profession. But the general features of the article fully compensated. The gentleman is not a ninny, sure. As for your little inadvertence, it is a mere *bagatelle*, and is tossed about only in good humored pleasantry. E. T. M.

Dr. Charles J. Kipp, late Bv't Lieut. Col. and Surg. U. S. Vols., more recently Surgeon-in-Chief of the District of Alabama, has resigned his position, and gone to New York city to engage in practice. We have read an order issued by the Brigadier General in command in Alabama upon the occasion of the acceptance of Dr. K.'s resignation, and it is highly eulogistic of the doctor's ability and fidelity; but no more laudatory than those of us who are acquainted with him know that he deserves. Dr. Kipp has the talent, the attainments and the industry to make himself known by the profession in his new field of labor.

Professor Hammond advertises in the *New York Medical Gazette*, a private hospital for *Diseases of the Brain and Nervous System*, to be opened on or about the 15th of May next.

Bdellatomy is a word which we find, for the first time, in STELLWAG on *Diseases of the Eye*, recently translated by Drs. Hackley & Roosa, and published in a most handsome manner by Wm. Wood & Co., of New York, a work, by the way, which is destined to take a, if not *the*, foremost place among works on Ophthalmology. But this new word, what does it signify? It is cutting a leech while it is sucking—making an incision into

its side with a lancet—so that a greater quantity of blood may be abstracted, and thus it is said some two ounces of blood may be taken by a single leech. We protest against this petty cruelty, and we hope both the word and the practice may be banished. We whose office it is to remove human pain and to lighten human suffering, should never needlessly inflict an iota of suffering upon any inferior existence, but constantly remember the lesson of "the Ancient Mariner"—

"He prayeth best who loveth best
All things both great and small:
For the dear God who loveth us,
He made and loveth all."

THE JOURNAL OF ANATOMY AND PHYSIOLOGY—which we are glad to enumerate among our foreign exchanges—No. II, May, 1867, contains an interesting report of two cases of *vagina duplex et uterus simplex*, by Dr. J. Matthews Duncan, of Edinburgh:

The first case of *vagina duplex et uterus simplex* that came under my notice was in a lady who had come from a distance to be confined of her first child in Edinburgh. The nature of the case was recognized during labor, but not at first. There was a greater sensitiveness of one passage than of the other, a circumstance which, while the condition of parts was unknown, caused some anxiety; for, then, it was only a greater sensitiveness on some examinations than on others. But as the second stage progressed, chloroform was administered, and careful investigation of the parts instituted. The duplicity of the passage was then made out. But already it was impossible to say how high the dissepiment between the two passages was carried. For the advancing fœtal head pushed the dissepiment before it, apparently without lacerating it, as happened in the case recorded by Dr. Cappie. When the head presented at the vaginal orifice, it was checked by the dissepiment, now crumpled up from above downwards, and elongated from before obliquely backward and to the left side. Both vaginal orifices were distended, but the right was the larger.

Wishing to avoid laceration of the dissepiment, I cut it through, and the child was soon born thereafter. It was evident that the right vaginal orifice was used in cohabitation, while the left was not; and probably on that account it was more sensitive than the right, on a digital examination being made.

For my second case of double vagina with single uterus, I am indebted to Dr. Warburton Begbie. The lady who was the subject of it had been recently married. She menstruated irregularly before marriage, the intervals between the periods being much exaggerated; but since her marriage the menses had recurred regularly with the usual interval. Her husband and she thought that there must be some unusual condition, because connection never seemed to be complete, and because attempt at connection was sometimes painful.

An examination at once discovered the state of matters. It was as fol-

lows: There were two vaginal orifices; the right of ordinary size; the left only of capacity enough to transmit the finger easily. The right vagina was not unusually sensitive; the introduction of the finger into the left was at least very disagreeable to the patient. Each vaginal orifice had a well-developed frill-like hymen, a circumstance contradictory of the opinion of Hyrtl as to the absence of this membrane in such cases. The septum between the vaginæ was thin, having, however, a thickening at its upper free end and at the part separating the lower orifices. The septum ended at the os uteri, the two vaginæ joining there. A finger could be passed through either vagina, bent over the upper edge of the septum and pushed into the other vagina. The vaginæ were short, and, like the septum, measured only an inch and a half in length. When I first examined her she was pregnant. In the middle of her pregnancy I divided the septum with a wire ecraseur in the presence of Drs. Warburton Begbie and Russell, in order to avoid its laceration or artificial division during labor.

Cruveilhier, in his ANATOMIE PATHOLGIQUE, in the *Reflexions et Considerations Générales sur les Uterus Bifides et Cloisonnes*, makes an observation in reference to those cases of malformation in which the *duplicity* involves both the uterus and the vagina, that we do not remember to have met with elsewhere, and as it has an important practical value in reference to diagnosis, we present it to our readers: "This vice of conformation explains remarkable facts of which some examples have been reported. Two accoucheurs, equally distinguished, called to a woman in labor, maintain, the one that accouchement is on the point of occurring, the other that the orifice of the uterus is in the same state that it is found in the virgin. A new examination shows that are there two vaginæ and two uterine necks."

Pettenkofer and Voit (*Annalen der Chemie und Pharmacie*, CXLI. Heft 3) have undertaken a series of researches in their large respiration apparatus, at Münich, with a view to determining to what extent the respiratory functions vary during the day and during the night.

Their first experiments were conducted upon a young watchmaker, aged 24 years, and led to a remarkable result in respect to the difference in the amount of oxygen absorbed and carbonic acid evolved during the day and night periods. The experiments included one day of rest during which the man amused himself by reading and repairing a small clock, and a day of labor in which he was made to turn a wheel heavily charged. The chief conclusions which may be drawn from these experiments are the following: 1st. That in twenty-four hours the volume of the CO_2 eliminated is about equal to that of the O absolved. 2d. That the interchanges of gas effected by respiration go on differently by day and by night, so that the greater part of the O absorption takes place by night, and the greater part of the CO_2 elimination by day. Work has scarcely any immediate influence on the oxygen absorbed during the day, although it has a great immediate influence in the amount of CO_2 elimi-

nated. This seems to be formed at the expense of oxygen which has been stored up. 3d. The excretion of urea is not increased by work, although this be long sustained. 4th. The elimination of water is very much increased by work, and the increase continues during the hours for sleep. Pettenkofer and Voit have, we believe, since repeated these experiments on the man who was the subject of the above experiment, but without confirming the results as to the difference between the day and the night periods.—*Journal of Anatomy and Physiology*, Nov. 1867.

At page 105 of a recent number of the Dutch Archives of Medicine, Professor Donders describes *two instruments intended to determine the time required for pyschical processes.* The first, called the *noematachograph*, serves for determining more or less complex operations of the mind. It consists of a cylinder, in many respects similar to that of the phonautograph, on which the time is registered by a vibrating tuning-fork.

The vibrations of the latter indicates 1° the moment when a stimulus acts, and 2° that when the sign of perception, the signal is given.

It was found that the solution of a dilemma, and the corresponding action (turning a wooden bar right or left), requires more time than simple reaction on a stimulus, and that the difference is much more considerable with conventional (exhibition of red or white light, seeing or hearing the vowels *a* or *o*, &c.) than with natural signals, while on the former the exercise of practice is rapidly felt. The difference in two experiments, the one with, and the other without, solution of a dilemma, represents the time required for the psyhical process of distinguishing and of distinctive expression of the will.

The second instrument, the *noëmatachometer*, determines the shortest possible time for a simple idea. By a peculiar arrangement, a sound is heard and a spark is seen at a very short interval. The time required to determine the priority, which is varied at the will of the experimenter, is that necessary for a simple idea.—*Journal of Anatomy and Physiology*, November, 1867.

Theology and Hygiene.—Many of the rites enjoined by the Mosaic law were simply hygienic observances. The Apostle Paul did not entirely overlook recommendations in his epistles having a sanitary bearing. In view of the importance of hygiene to the welfare of mankind thus recognized in Holy Writ, we are glad to announce that Dr. WILLARD PARKER, of New York, has lately endowed a lectureship on Hygiene, in the Union Theological Seminary of that city, to consist of three or four lectures yearly. The course of this year will be given by Dr. PARKER himself, and the first was delivered by on the evening of the 10th inst.—*Med. and Surg. Reporter, January*, 1868.

DR. J. MARION SIMS is the recipient of honors from the king of Italy and the queen of Spain.

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